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ABSTRACT

Assessment of practice at diploma, degree, and postgraduate levels in nursing and midwifery education in Britain was the focus of a research study. Key issues from a critical review of literature on the assessment of theory and practice at different academic levels were as follows: lack of clarity in defining "levels"; inconsistencies in use and interpretation of professional and educational frameworks to assess practice; and different methods to assess practice. Curriculum documentation from nursing and midwifery programs that led to a diploma, degree, or postgraduate award were analyzed. A key finding was considerable variation in criteria used to discriminate between the assessment of practice at different academic levels, both in relation to the academic status of a qualification and to progression within an award. In most programs, different criteria were identified for assessment of theory and of practice. Approaches to assessment of practice were direct observation of the student's performance or written documentary evidence in a portfolio. Indepth interviews with educators involved in program design and delivery uncovered the following: conflicting views of the extent to which assessment of practice should contribute to a degree classification, widespread use of learning portfolios, lack of appropriately qualified practice assessors, and considerable influence of university regulations on approaches to assessment of practice. (Appendixes contain 47 references and 60-item bibliography.) (YLB)

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# RESEARCHING PROFESSIONAL EDUCATION

## Levels of Achievement: a review of the assessment of practice

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English National Board for Nursing, Midwifery and Health Visiting

# RESEARCHING PROFESSIONAL EDUCATION

*A series from the English National Board for Nursing, Midwifery and Health Visiting*

# Levels of Achievement: a review of the assessment of practice

Kate Gerrish
Mike McManus
Peter Ashworth

Sheffield Hallam University

London, 1997

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# *Foreword*

The English National Board is delighted to publish this report as part of its series: *'Researching Professional Education'*.

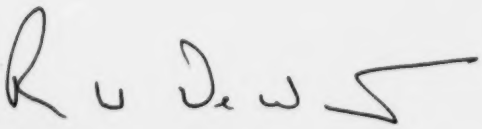
The aim of this series is to make the results and implications of research commissioned by the Board readily available to the key stakeholders: to policy makers, managers, practitioners, researchers and educationalists. The Board recognises that it is important for these groups to have ready access to relevant research findings from which to plan and implement developments in nursing, midwifery and health visiting education. The findings will also be relevant to other disciplines and professions.

The Board's research and development programme is planned to ensure that education for practice is relevant both professionally and academically. Research-based evidence therefore provides an important dimension for policy development.

The research is based on a literature review, documentary analysis and series of in-depth interviews, and focuses on:

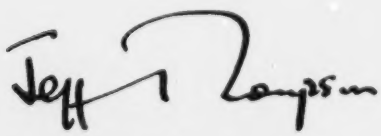
- the types of criteria used in the assessment of theory and the assessment of practice
- the criteria used to discriminate between the assessment of practice at different academic levels
- different interpretations of parity and equity in the assessment of theory and practice
- variations in the characteristics of CAT schemes
- the role of the lecturer-practitioner and practice assessor.

The report forms the first phase of a major empirical study into the assessment of practice. The Board will consider the findings from both research projects in relation to future policy developments.



**Professor Ron De Witt**

Chairman, English National Board



**Professor Jeff Thompson**

Chair, Research and Development Group, English National Board, London, 1997

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## 1.1 Background to the project

The past decade has witnessed considerable change in the educational preparation of nurses, midwives and health visitors. Major reforms in pre-registration preparation (UKCC, 1986) and significant developments in post-registration provision (UKCC, 1993) have resulted in programmes of professional education leading not just to a professionally recognised qualification, but also to an academic award. The introduction of the Diploma of Higher Education (DipHE) as the minimum qualification for pre-registration programmes of nursing and midwifery education, the recent requirements for community nursing programmes to be at the minimum of a first degree level (UKCC, 1994) and post-registration provision to fit into a framework leading to either a first or masters degree (ENB, 1992) have presented particular challenges to educators in respect of how academic concerns about the nature of a particular academic award can be reconciled with professional concerns about the practitioner's competence to practise in their chosen area of nursing. Central among these concerns has been a growing awareness of the need to consider the contribution that practice-based learning makes to an academic award.

Recent policy initiatives introduced by the English National Board for Nursing, Midwifery and Health Visiting (the Board) stress the importance of the inter-relationship between theory and practice within the curriculum. In an attempt to ensure parity between the two components, the Board requires educational institutions to develop assessment strategies in which *'equal value and accreditation is given to the assessment of both theory and practice'* (ENB, 1995 p5.5). This brings to the fore a need to consider the criteria by which performance in practice is assessed at different academic levels and the contribution it makes to an academic award. Scrutiny of the meaning attached to 'level' is logically linked to this need.

It is within the context of these developments that the Board commissioned a nine-month project to provide an overview of the criteria currently used to discriminate between the assessment of practice at diploma, degree and postgraduate levels. This report provides an account of that study, the objectives of which were:

- To undertake a critical review of the literature in order to identify the different theoretical perspectives and practical approaches taken to the assessment of academic levels of education.
- To analyse curriculum documentation in order to map the range of criteria used for assessing practice at different levels in diploma, degree and postgraduate programmes of nursing and midwifery education.
- To identify some of the issues faced by institutions in developing and implementing strategies for the assessment of practice at different levels.

We recognised from the outset that any consideration of the assessment of practice at diploma, degree and postgraduate levels needed to take account of the broader context in which nursing and midwifery education takes place. Developments in professional education are influenced by the wider education arena and we identified a need to consider how policy changes in higher education impact upon the approaches educational institutions take to the assessment of practice. This chapter describes the context in which the study took place. Subsequent chapters provide a systematic account of the research and consider the implications of the findings for the assessment of practice at different academic levels.

## 1.2 The changing context of nursing and midwifery education

During the past decade nursing and midwifery education has developed from a position whereby, with the exception of a minority of pre-registration programmes at degree level, programmes of education received no formal academic recognition, to one in which both pre- and post-registration provision leads to a formal academic award in addition to a professional qualification. The initial reforms in pre-registration nurse education (known as Project 2000), which resulted in all programmes being offered at a minimum of the diploma level (UKCC, 1986) were quickly followed by parallel developments in pre-registration midwifery education. Similarly, community nursing programmes, for example in health visiting or district nursing, were upgraded to a minimum of diploma level in the late 1980s, and more recently to a minimum of a first degree (UKCC, 1994). At the same time that these developments were occurring, the Board was undertaking a major review of post-registration education. The resultant framework for continuing professional education provided, for the first time, a coherent means of incorporating the broad range of Board-approved post-registration courses into a structure leading to either a first or masters degree (ENB, 1992).

The move to establish nursing and midwifery education within an academic framework led colleges of nursing and midwifery to formalise links with higher education institutions in order to seek academic accreditation for their provision. Whilst it was previously the sole responsibility of the Board to approve programmes of nursing and midwifery education, this responsibility has been extended to encompass joint validation procedures carried out between the Board and the educational institution. Although the validating higher education institution is largely concerned with a programme's academic credibility and the Board with the responsibility for ensuring that it leads to a professional qualification which equips students with the appropriate level of competence to practise, there is considerable overlap in their respective areas of interest. Central amongst these concerns has been a developing recognition of the need to consider the extent to which programmes of education equip practitioners with the necessary skills to function in their professional role, in other words their fitness for purpose (ENB, 1993).

The incorporation of all pre-registration education provision within an academic framework led to considerable debate as to what constituted 'diploma level' and, importantly, its distinctiveness from 'degree level'. Although all pre-registration programmes, at diploma or degree level, are required to enable students to meet a standard set of learning outcomes specified by the Nurses, Midwives and Health Visitors Act (1979), there are no precise indicators of what the difference between a diplomate and a graduate practitioner should be. While differences in academic attainment are reflected in the learning outcomes and assessment of the theoretical component of the respective programmes, differences in the outcomes in practice remain largely uncharted. Indeed, a number of recent research reports addressing the implementation of DipHE programmes have highlighted the perplexity experienced by those responsible for assessing students, regarding what constitutes diploma level practice (Jowett et al, 1992; 1994, Elkan et al, 1993; Elkan and Robinson, 1993; White and Davis, 1993; White et al, 1993; Elkan and Robinson, 1995; Luker et al, 1995; Wilson-Barnett et al, 1995). However, this problem is not unique to nursing. Professional concerns about the outcome of awards which hold both professional and academic recognition have been mirrored by wider academic concerns about the outcomes of higher education and, in particular, what constitutes 'graduateness' (UDACE, 1991; HEQC, 1995a; HEQC, 1996). These issues will be explored in more detail in subsequent chapters.

Concomitant with developments in nursing and midwifery education have come developments in higher education itself. Key amongst these developments was the establishment

in the 1980s of credit accumulation and transfer schemes (CATS), intended to enhance the accessibility, flexibility and responsiveness of higher education institutions in what was increasingly becoming a consumer responsive market. The CAT schemes, based on a simple 'currency', created a tariff system of credit points and levels which facilitated the processes of accumulation and exchange (Raban, 1992). Programmes were divided into component modules or units, each of which was awarded a specified number of credits at a particular academic level, linked to the three years of a standard degree programme. Thus credits at level 1 (equivalent of the first year of a degree programme) could be accumulated towards a certificate of higher education, credits at levels 1 and 2 accumulated towards a diploma of higher education, and credits at levels 1, 2, and 3 accumulated towards a degree.

The potential of CATS to make post-registration nursing and midwifery education more responsive to health service needs by providing a portfolio of credit-rated modules which could contribute jointly towards both professional and academic qualifications, was quickly seized upon by the Board. Following early discussions with the Council for National Academic Awards (CNAA) an initial tariff of credits at particular academic levels was established for its existing post-registration provision (CNAA, 1989a). This was subsequently followed by the creation of a framework for continuing education which led to the ENB Higher Award, an advanced professional post-registration qualification. Central amongst the Board's concerns was the need to establish a flexible framework of provision which maximised the potential value of learning by taking account of prior learning through the accreditation of prior experiential learning (APEL) and the accreditation of prior certificated learning (APCL), in addition to formalised provision. However, the establishment of the framework for the Higher Award was not solely about the academic standing of programmes. Importantly, it also focused on students' performance in practice by requiring them to demonstrate their achievement of 10 key characteristics which related directly to professional practice. Programmes of education which led to the Higher Award were either at degree or masters level and the requirement for students to demonstrate their achievement of the 10 key characteristics raised the issue of what exactly was meant by degree and masters level practice.

## 1.3 Validity and reliability of assessment

The challenge of addressing issues of validity and reliability in the assessment of practice has long been a concern of nurse educators. From the mid 1980s the four ward-based practical tests that occurred at strategic points during pre-registration programmes of nurse education were replaced by a system of continuous assessment. This development was important in attempting to overcome the artificiality of the practical tests and create a situation in which students' performance could be judged in a natural context. Educational institutions were required to develop instruments which could be utilised to assess students' performance in practice placements, and which reflected their progressive development towards achieving the learning outcomes specified by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (the UKCC). In order to support students' learning in practice, they were assigned a mentor to act as facilitator, and a practice assessor who was ultimately responsible for judging the student's performance. Both mentors and assessors were clinically-based staff who had undergone formal preparation for their role. In the case of mentors, preparation was often a series of study days offered by the educational institution, whereas practice assessors were required to undertake a short course on teaching and assessing in clinical practice (ENB course number 997/998). While the strength of this system lay in providing the opportunity for those with expert knowledge of the context in which students were working to be responsible for assessing their performance, it has not been without difficulties. The need for educators to more actively support students and practice assessors has been identified as an important consideration (Jowett

et al, 1992; Elkan et al, 1993; White et al, 1993; Phillips et al, 1994). Arguably, this need is accentuated in attempting to address the dilemma experienced by practitioners in determining what constitutes diploma or degree level practice (Wilson-Barnett et al, 1995).

Clearly, the developments outlined above present particular challenges for those responsible for designing curricula to develop criteria which discriminate between the assessment of practice at diploma, degree and postgraduate levels. However, although considerable research evidence on the implementation of DipHE programmes indicates a need for greater clarity concerning diploma level theory and practice (Elkan and Robinson, 1995), and calls for a shared understanding of what constitutes degree and masters level in order to put in place appropriate descriptions of the levels of different awards (James and Redfern, 1995), there is little research in this area. This study goes part way to addressing this deficit by undertaking a national overview of the criteria identified within curriculum documentation used to discriminate between assessment at diploma, degree and postgraduate levels.

## 2.1 Introduction

This chapter describes the methods used in the study. It considers the process by which the literature review was undertaken, and examines the documentary analysis and subsequent interviews with educators. Although these stages are presented sequentially, they formed an iterative, cyclical process. The literature review informed the development of the framework used for the documentary analysis and in turn, as the analysis progressed, new areas of literature were identified. Semi-structured interviews undertaken with educators clarified aspects of the documentary analysis and identified issues faced by educational institutions in responding to requirements relating to the assessment of practice.

## 2.2 The literature review

The literature review had two purposes: to provide a critical account of current theoretical perspectives and practical approaches to the assessment of different academic levels in higher education, and to inform the development of a framework for the analysis of curriculum documentation. Although the study's main aim was to examine the assessment of practice at different academic levels, we chose to consider aspects of the assessment of both theory and practice, in recognition of the importance of integrating theory with practice-based learning, and the Board's concern for parity between the assessment of these two components.

Polit and Hungler (1991) identify four activities in undertaking a literature review: defining the scope of the review; identifying the sources of information; reviewing the literature; and writing the review. These stages provided a framework within which to conduct the review.

### 2.2.1 The scope of the literature review

Adopting a framework advocated by Burns and Grove (1993), consideration was given to the types of information sought, the intended breadth of the review and the time-frame in which it was to be conducted. In order to provide a comprehensive account of relevant literature, it was important to access a variety of sources. To this end, we sought to include scholarly accounts of a variety of frameworks and models used in assessment, academic discourse on the assessment of different levels, empirical studies evaluating assessment strategies, and examples of different approaches taken in programmes of education. The review included journal articles, texts, research reports, policy documents and conference reports.

In order to provide a comprehensive account of the issues impacting on the assessment of practice, the review was broad-ranging, encompassing the assessment of both theory and practice. The relatively recent concern with the assessment of practice at different academic levels made it important to consider other possible approaches; these included National Vocational Qualifications (NVQ) and other competence-based assessment methods. Finally, to place developments in the accreditation of practice within the broader context of developments in higher education and nurse education, the review included the development of credit accumulation and transfer schemes; academic concerns with the relationship between credit, levels and progression; approaches to the assessment of practice; and the link between theory and practice. Literature was sought from nurse education, higher education and vocationally orientated professional groups such as the professions allied to medicine and social work.

### 2.2.2 Identifying the sources

Searches on a number of computerised databases enabled the 'broad brush' approach advocated by Burnard (1993) to be taken and yielded a wealth of potentially relevant material. This was scaled down by reviewing the relevance of the abstracts and considering the ease with which articles could be retrieved.

As literature was reviewed and the documentary analysis begun, additional references were identified and added to the database. In addition, a body of unpublished material was collated from professional networks. This enabled us to develop an incremental approach to the identification and retrieval of sources, ensuring the currency of the review up to the time of producing this report.

### 2.2.3 Reviewing the literature

The literature was initially skimmed in order to assess its relevance to the study and discard any deemed inappropriate (Locke, Spirduso and Silverman, 1993). A preliminary sort of sources into content areas was undertaken; they were loosely classified into six broad topics:

- academic levels in general and issues relating to CATS and higher education
- curriculum development in nursing and midwifery education linked to specific academic awards
- the assessment of practice
- the nature of nursing and the relationship between theory and practice
- the nature of professional competence
- NVQ developments in nursing.

Each reference was examined in depth and salient points were noted. An annotated bibliography was compiled, which was distributed to educational institutions who submitted documentation for analysis. This detailed analysis enabled us to identify the key themes in the literature and also led to the development of a framework for the analysis of curriculum documentation.

### 2.2.4 Writing the review

The analysis of the literature provided the component parts around which the review was structured. An overview of the main issues arising from the literature review is presented in Chapter 3.

## 2.3 Documentary analysis

The aim of the documentary analysis was to map the range of criteria used to discriminate between the assessment of practice at different levels in diploma, degree and postgraduate programmes.

### 2.3.1 Defining the sample

Restrictions on the time available to complete the study (nine months) made it necessary to sample. In determining which educational programmes would be included, our primary concern was to tap into the variety of approaches adopted for the assessment of practice at different academic levels. It was considered important to sample documentation from a broad range of programmes at diploma, degree and postgraduate level. We hypothesised that programmes which led to a license to practise in different specialisms of nursing might adopt

different approaches on account of the need to respond to particular statutory and professional requirements. In addition, there might be differences in those programmes which led to a license to practise as opposed to those providing continuing professional development for qualified practitioners, for example through the ENB Higher Award. It was therefore decided to sample documentation from the following pre- and post-registration programmes:

- pre-registration diploma programmes in nursing
- pre-registration diploma programmes in midwifery
- pre-registration degree programmes in nursing
- pre-registration degree programmes in midwifery
- specialist practitioner community nursing programmes at degree level
- ENB Higher Award at degree and masters level.

In determining the parameters of the sample, it was not the intention to examine for discrete differences across nursing specialties, but to maximise the likelihood of including a broad range of approaches within the analysis.

A further concern was to ensure that the sample was representative of developments occurring in different parts of the country, so documentation was sought from all eight national health service (NHS) regions. Although the focus of the analysis would be on the approaches adopted in the assessment of practice, it was recognised that in order to examine issues of parity between the assessment of theory and practice, and the criteria for determining different academic levels, the whole curriculum document needed to be examined, together with relevant supplementary information on the assessment of practice. Each programme therefore comprised a weighty document, in some instances several volumes. It was decided to limit the sample to a manageable size by analysing approximately 48 documents: this would provide the opportunity to request documentation from each type of programme identified above from each NHS region. Details of the programmes offered by Board-approved institutions were obtained from the Board's database. There were a total 232 validated programmes within the six specified areas, although not all were currently offered by educational institutions.

For many institutions, the challenge of accrediting practice as part of a named award was a relatively new initiative. The Board's regulations and guidelines for the approval of programmes of education were revised in 1995 (ENB, 1995), to include the requirement that equal value and accreditation should be given to the assessment of theory and practice. Institutions are required to be seen to be making progress in this area by December 1997; however, many programmes were validated prior to this policy and would not necessarily reflect these developments. In order to ensure that the analysis included programmes which had addressed the accreditation of practice, it was decided to undertake purposive sampling. The four Board local regional offices were approached for information on which programmes within their locality had made progress in this area. Although responses were received from each office, a comparatively small number of programmes were identified. This was attributed in part to the uncertainty among former colleges of nursing and midwifery regarding integration with higher education and the enormous amount of work required to achieve integration, which had hindered progress with curriculum development. Nine programmes were identified through this approach and the relevant institutions were approached. It was disappointing that documentation from only five of these programmes was obtained.

In addition to approaching educational institutions proposed by Board officers, approaches were made to institutions in each NHS region which offered the different programmes, selected on a random basis. However, the notion of purposive sampling was

extended to include the use of other professional networks; for example, in seeking documentation from a particular institution, we were occasionally informed of other programmes with innovative approaches to the assessment of practice. These leads were followed up by writing to the Board's official correspondent in 56 institutions, explaining the purpose of the study and requesting documentation on one programme.

The response from institutions was generally good, with several expressing interest in what they considered to be a timely study. A total of 48 documents were received, with three institutions submitting documentation from more than one programme because of the different approaches taken to the assessment of practice. Four institutions declined to take part in the study because they were revising their programmes, and one refused to take part because they felt 'over researched'; six institutions failed to respond to two requests for documentation. The characteristics of the sample are shown in Table 2.1.

| Programme | Number of documents |
|---|---|
| Pre-registration diploma programmes in nursing | 11 |
| Pre-registration diploma programmes in midwifery | 7 |
| Pre-registration degree programmes in nursing | 9 |
| Pre-registration degree programmes in midwifery | 7 |
| Specialist practitioner community nursing programmes at degree level | 8 |
| ENB Higher Award at degree/master's level | 6 |
| Total | 48 |

Table 2.1: Characteristics of the sample of documentation analysed

It was not possible to achieve the original intention of obtaining one of each of the six programmes from each NHS region because in some instances, the only institution within a region offering a particular programme refused to take part in the study. In some instances we received documentation for more than one programme, which accounts for the higher number of pre-registration diploma level programmes in nursing. Notwithstanding these discrepancies, the final sample of curricula represented a wide geographical spread across England.

### 2.3.2 The framework for analysis

The literature review identified a number of key issues associated with the assessment of practice at different academic levels, which were used as a framework to guide the analysis of documentation. These issues were:

- the identification of a curriculum and/or professional model to guide the assessment of practice
- the nature of CAT schemes and credit-rating processes
- the identification of level descriptors and their relationship to progression
- the approach taken to the assessment of practice and its relationship to the assessment of theory
- the credit-rating of practice.

### 2.3.3 The process of analysis

Documentary analysis entailed abstracting those elements of each document considered to be important or relevant and grouping the findings to form a coherent picture of the current state of the assessment of practice at different academic levels (Blaxter, Hughes and Tight, 1996).

The first stage of analysis entailed reading each document and completing a proforma (Appendix 1) covering the five topic areas identified above. This was a time-consuming and laborious process, as the structure and content of the documents varied considerably. Furthermore, a number of inconsistencies in the documentation were identified, for example there might be two sets of grading criteria for a specified academic level, or one module might be described as being delivered at a level that was completely separate from the others identified within the document. Pages were also sometimes missing. When followed up with the institutions concerned, some of these inconsistencies were the result of typographical errors while others were brought about by different individuals or groups contributing to the development of the document but did not appear to be evident in the delivery of the programme. Such inconsistencies inevitably raise questions about the extent to which a written curriculum document represents an accurate reflection of the programme as it is delivered.

The completed pro-forma were subject to a second stage of analysis. Each topic area was examined for similarities and differences across programme areas and in relation to different academic awards. This process confirmed the diversity of approaches observed in the preliminary examination of a small number of programmes at the start of the analysis. This variation meant it was not possible to present the analysis in relation to the characteristics of particular programme areas or awards. Rather, Chapter 4 presents the findings by considering each of the five topic areas reviewed. The diversity of approaches also made it difficult to undertake a quantitative content analysis in which patterns of regularity could be identified. Although an attempt has been made to quantify some elements of the analysis, it is of necessity, largely qualitative.

## 2.4 Follow-up interviews with educators

One of the challenges of undertaking a documentary analysis is in interpreting the document's meaning (May, 1993). As well as the visible inconsistencies already referred to, there were additional difficulties in interpretation. The research team's extensive experience of course validation meant we recognised the problem of interpreting a course team's intentions solely on the basis of a written account of the curriculum. The dialogue that occurs during a validation exercise is invaluable in clarifying intentions and practices. In an endeavour to recreate this opportunity, we sought to undertake a small number of follow-up visits to institutions in order to examine their programmes in more detail and to identify particular issues associated with taking forward developments in this area.

The criteria used for selecting institutions in which to undertake follow up-visits ensured that the sample included examples of:

- a variety of approaches taken to the assessment of practice at different academic levels including credit-rating and grading practice
- approaches considered to be particularly innovative
- the six programme areas identified
- programmes drawn from a wide geographical area.

The agenda for the semi-structured interviews was to clarify issues arising from the documentary analysis and explore any issues that the interviewees felt were pertinent to the

assessment of practice at different academic levels. The interviews were tape-recorded and detailed synopses and selective transcriptions produced. The transcripts were analysed to identify common themes across the different programmes and institutions, and to augment the documentary analysis; 18 programmes were explored through follow-up interviews (Table 2.2).

| Programme | Number of interviews |
|---|---|
| Pre-registration diploma programmes in nursing | 3 |
| Pre-registration diploma programmes in midwifery | 2 |
| Pre-registration degree programmes in nursing | 6 |
| Pre-registration degree programmes in midwifery | 2 |
| Specialist practitioner community nursing programmes at degree level | 2 |
| ENB Higher Award at degree/master's level | 3 |
| Total | 18 |

Table 2.2: Programmes examined by follow-up interview

## 3.1 Introduction

The purpose of the literature review was two-fold:

- to identify the theoretical perspectives and practical approaches taken to the description of academic levels in the assessment of nursing and midwifery practice
- to assist in the development of a framework for the analysis of the curriculum documentation.

Previous work in this area by James and Redfern (1995) found little literature directly relevant to the specific focus of the research, so the review was extended take account of related developments in higher education in general and nursing and midwifery in particular.

Initial examination of the literature identified considerable confusion and ambiguity regarding the term 'level'. It is used in a number of contexts and in various ways in educational programmes:

- academic levels are used to conceptualise progression between stages in a programme leading to an academic award, as with academic levels 1, 2, 3 and M, derived from the development of CAT schemes
- levels are used to refer to the outcome of an academic award, for example, diploma level as an outcome of a DipHE programme
- levels are also used within educational programmes outside a traditional academic perspective – for example within the context of NVQs
- within nursing and midwifery education, various frameworks, for example those derived from educational or professional models such as Steinaker and Bell (1979) and Benner (1984), provide a structure for defining levels of progression in the assessment of practice.

Within each of the above approaches to conceptualising levels, there are debates as to the purpose served by the levels and how they should be defined. In order to try to clarify the notion of levels the review begins by considering the development of CAT schemes and their influence on the evolution of levels within academic frameworks. It then considers levels within the context of the outcome of an award, and the dilemmas this posed to nursing and midwifery education as it grappled with what constituted diploma or degree level theory and practice. Interpretations of the notion of levels are then considered, with an attempt to provide clarification and guidance to defining the characteristics of different levels. Finally, the review examines the implications of levels for the assessment of practice in nursing and midwifery education. In taking a broad overview of a number of issues which may influence approaches to assessment, it examines the impact of professional frameworks and NVQ developments on the assessment of professional competence before considering methods of assessment and the role of the practice assessor.

## 3.2 The influence of CATS on the notion of levels

Early documentation from the CNAA (1989b) concerning CATS saw awards as being based on the three-year full-time honours degree, with three sequential levels:

- level 1 leading to a certificate of higher education
- level 2 leading to a diploma of higher education
- level 3 leading to either an unclassified or an honours degree, depending on the number of level 3 credits.

The system was initially a top-down exercise, illustrated by the fact that an honours degree was equivalent to 360 credit points (120 at each level), when a large number of then polytechnics provided four-year sandwich degrees that did not fit this pattern. The response from some institutions was to postulate another 120 credits for work experience, either in existing credits or in 'P' or 'S' level credits, awarded only in relation to work-based learning. This signified the movement from a top-down to a bottom-up approach as CATS was taken up by more institutions, in conjunction with a growth in modular and unitised course structures (Armstrong, 1995).

The emergence of the module or unit as the basic element of CAT schemes meant its quantitative worth in credit points, and its qualitative worth in terms of learning difficulty, had to be determined. The CNAA's original time-based formula had led to inconsistencies such as a third-year introductory unit in information technology being ascribed level 3 points because of its place in the programme. There was a feeling that a firmer base was needed to justify credit value, and some attempted to clarify the particular characteristics of each academic level in the form of clearly stated descriptors. However, this is a contentious area, and Robertson (1994) states that many in higher education still regard *'the matter as non-controversial and accept that the levels of undergraduate achievement coincide naturally with the years of the full-time honours degree'* (p131). It is interesting to note that masters level has always been accepted as undivided; there is no suggestion in the literature that this should change in order to differentiate between postgraduate certificate, postgraduate diploma or a masters degree in terms of complexity. Rather, the differentiation is on the basis of the number of credits to be gained for each of the awards.

The issue of defining levels by objective descriptors separated from the qualification framework appears to have arisen as a result of the successful adoption of CATS by a wide range of higher education institutions and professional bodies. The nursing community was among the first to use CATS, and in 1989 the CNAA and the Board jointly produced a list of general credit-ratings for a wide range of nursing and midwifery programmes, most of which were outside higher education (CNAA, 1989a). Following this initial list, individuals and institutions sought to avail themselves of the new structures, and subsequent requests for accreditation raised many questions (Raban, 1992), especially with regard to assigning academic levels to free-standing programmes. Accounts of accreditation proceedings show that clear criteria of levels were not used, since none existed; reference was made to *'communities of experience and belief'* in higher education institutions who possessed a *'sound tacit basis of knowledge of academic standards'* (Armstrong, 1992 p55). A range of comparators were also considered: established nursing programmes offered by the institution, for example, the Diploma in Professional Studies in Nursing; existing programmes validated by the university, such as DipHE; and cognate programmes in social work and the professions allied to medicine (Raban, 1992). The internal consistency of programmes were also judged in terms of their proposed curricular models. Similar criteria were used by the CNAA panel undertaking the credit-ratings (CNAA, 1988). This panel also tackled the question of allocating credits to clinical placements, where it established the principle of allocating less credit to a clinical week than an academic one. This was not a straightforward calculation, but involved judgements concerning the academic nature of the placement, intellectual demands made on students and the balance between the taught and practice elements.

This emphasis on the academic nature of levels within CATS is clearly stated in Raban and Armstrong's descriptions of the accreditation processes at their respective universities in relation to programmes proposed by local colleges of nursing and midwifery. The academic element was related back to the general educational aims of the CNAA, which were concerned with:

> *'the development of students' intellectual and imaginative powers; their understanding and judgement, their problem solving skills, their ability to see relationships within what they have learned and to perceive their field of study in a broader perspective'* (Armstrong, 1992 p54).

In relation to practice-based learning, Armstrong (1992), while acknowledging that CATS is concerned with recognising and accrediting learning wherever it occurs, insists there should be an identification and articulation of *'the academic learning which is taking place in such situations'* (p61). While accepting that the qualitative aspect of these learning experiences can be demonstrated *'the quantitative aspects of such learning tends to be exaggerated'* (p61).

The repetitive process central to these initial exercises involved shared learning by all parties and coloured the views of writers such as Armstrong (1995), who proposes that an epistemology of levels should be *'based on communities of practice and belief'*. Following the work of Polanyi (1959; 1960; 1966), Armstrong suggests that all knowledge does not have to be demonstrable, definable and capable of articulation, since tacit knowledge is an important part of a group's judgements. This does not mean that there is no place for greater clarity and openness on the part of higher education, but the amount of precision that can be achieved in level descriptors is bound to be limited. Robertson (1994) supports this view, saying that defining level descriptors will not be swift or easy in that *'the beneficial outcomes of the task are unlikely to be commensurate with the effort expanded'* (p131).

However, as Robertson (1994) acknowledges *'there is a minority in higher education, joined by others in further education and the NCVQ, who believe that levels of achievement must be properly defined in order to lend some clarity, accountability and quality assurance to the purpose of higher education and beyond'* (p131). Responses to this are exemplified by Nyatanga and Fox (1992), whose work arose from a project aimed at establishing best practice in the accreditation of prior learning (APL). Subsequently, various institutions have produced descriptors for internal use or to guide those proposing programmes for accreditation (Armstrong, 1992; Hall, 1994; Napier University, 1996; Sheffield Hallam University, 1995). However, in recognising the diversity of existing approaches, Greatorex and Nyatanga (1995), Redfern and James (1994) and Otter (1991) propose that a wider national understanding of what constitutes a level is needed. To this end, a set of generic level descriptors has been produced by the South East England Consortium (SEEC) and the Welsh HE CATS project (SEEC, 1996; HECIW, 1996). The development of these descriptors was influenced by the work of the New Zealand Qualifications Authority, which produced a detailed set of draft level descriptors covering post-school education up to postgraduate level (Methren, 1994). The opening paragraph of this report states *'I have had the benefit of considerable advice, much of it conflicting'*. This appears to confirm that the attempt to define levels precisely is complex and time consuming.

## 3.3 The dilemma of levels in nursing and midwifery education

Much of the work on levels arising from the development of CAT schemes has focused on identifying and articulating the progressive nature of learning within the levels leading to academic award. However, the literature recognises that nursing and midwifery education was concerned not only with levels in relation to progression, but also in respect of the outcome of

different academic awards. In particular, the implementation of the DipHE led to an examination of the implications regarding academic standards for programmes aiming to produce diploma level nurses (Stanton, 1994). Jowett et al (1994), studying the implementation of some of the early DipHE programmes, found that although nurse teachers were generally confident that their teaching and assessment was at diploma level, there had been initial misgivings over this. Indeed, some teachers still felt unsure as to *'what diploma level actually meant ... in the absence of guidelines or comparable examples'* (p52); this group included nurse teachers with personal experience of higher education. The research also identified student concerns about the academic level they were expected to reach; *'nobody actually seems to know what a diploma is ... I am told that a diploma means a different way of thinking and that I can do it, but I still feel very anxious'* (p52). This concern was confirmed by Elkan and Robinson's (1995) review of published research on the DipHE, which stated that there had been much uncertainty about what constituted 'diploma level' academic work and practice. However, in some cases concern seems to have been restricted to academic and theoretical inputs rather than the standard of practice (Crotty, 1993); this may be because, as Pleasance and Sweeney (1994) point out, *'learning outcomes for diploma and degree courses have been identified in statutory rules ... and these assume that in terms of competence there is no essential difference between routes'* (p1158). This position has implications for the construction of level descriptors for programmes that include both theory and practice outcomes across a range of educational levels and awards. Fitzpatrick et al (1994) analysed a number of studies concerned with establishing whether there were differences in nursing performance between nurses from different qualification routes. Although some studies suggested that nurses with higher educational qualifications performed better than those with lower qualifications, flaws in the research meant the results had to be treated with caution, particularly since some of this research produced conflicting findings. There was only one British piece of research in the area, and that had not focused on the educational preparation of the nurses.

## 3.4 Differing interpretations of the notion of levels

The confusion confronting educationalists in nursing and midwifery regarding the characteristics of a particular academic level should be viewed within the context of broader debates about the discernible features of different levels. Some of the literature assumes that levels are relatively simple and non-contentious (CNAA, 1989b; 1989c; Faltermeyer, 1994). However, when the Scottish Advisory Committee on Credit and Access (SACCA) established a sub-committee to investigate the definition of levels within SCOTCAT the answer was not clear. The minutes of one meeting state:

> *'i. the concept of 'level' of learning is complex and not without contention.*
>
> *ii. that as currently used the concept of discrete, incremental levels is a useful but perhaps simplistic and general proxy for describing what are in fact multiple, complex and inter-related dimensions of learning including:*
>
> *standards of learning*
>
> *amount of learning*
>
> *progression and coherence of learning*
>
> *learning achievement*
>
> *sophistication of intellectual challenge*
>
> *breadth and depth of learning'* (SACCA, 1995).

The minutes state that the term is used by various bodies with differing interpretations and a lack of clarity, a view confirmed by James and Redfern (1995). Their analysis shows wide variation in the level descriptors used within a selection of programmes leading to the Higher Award, including differences in style descriptor, features identified by the descriptor, and its use in both the theoretical and practical domain. Clifton et al's (1994) work attempting to link NVQ and academic levels derived from the introduction of CATS in nursing and social work also identified problems surrounding the concept of 'level', suggesting that there are differences as to what the level relates to; *'the development of learning in a specific subject area or the development of the student?'* (p11). They also note that boundaries between levels are 'fuzzy' to the extent that approaches are not as rigorous in practice as appears from the principles of the schemes. The wide variety of interpretation in CAT schemes has been recorded by several researchers and is seen as a cause for concern (Davidson, 1994; Robertson, 1994; SEEC, 1996). It appears, therefore, that the *'community of principles and belief'* advocated by Armstrong (1995) does not yet exist, not only in nursing and midwifery education, but within higher education itself.

Thus far the notion of levels has been dealt with in the context of higher education, but the concept has been discussed outside this framework in forms relevant to nursing education. In general education, the development of NVQs has seen the creation of a very different framework from that used in higher education; NVQs were developed using a system of five levels derived from occupational standards that significantly differ from academic levels:

- There are specific statements of the range of descriptors at each level, based on national standards.
- The levels focus purely on outcomes as opposed to process.
- There is no system of grading in assessment, only the notion of competent or not yet competent.
- Evidence for assessment arises from workplace performance.
- The levels are not sequential in that a lower level is not a pre-requisite for higher levels, although the notion of progression is still important.

The above list highlights the main differences between academic and NVQ concepts of levels, perhaps indicating why alignment has proved so problematic for some (Walton et al, 1995). Attempts to use the NVQ approach in nursing and midwifery education will be discussed later, together with the notion of competence.

Other attempts to construct stages and levels within nursing and midwifery education have focused on the use of specific educational or professional frameworks. In particular, Benner's (1984) taxonomy of professional expertise and Steinaker and Bell's (1979) taxonomy of experiential learning have been influential in providing a focus for the curriculum as a whole and as a means of structuring progression within the assessment of practice (Nyatanga, 1990; Luft, 1992; Faltermeyer, 1994; Fox-Young, 1995; Nicol et al 1996; Sharp et al, 1995). However, application of these models to curricular frameworks and the assessment of practice has not necessarily clarified the issue of levels. Whilst Benner identified five sequential steps from novice to expert practitioner, James (1996) points out that application of Benner's model in nursing and midwifery education leaves unclear the detail of the process of development and its nature. Use of terms such as 'expert' has become widespread in nursing literature yet, as Jasper (1994) concludes, it is ambiguous and difficult to clarify. Sharp et al (1995) point out in a wide ranging review of the assessment of competency in nursing, that *'it is suggested that the concepts proposed by Benner have been subscribed to primarily because they are easily understood ... It is important, however, that critical evaluation of the actual effectiveness of the tool is carried out relative to the specific content area for its application'* (p27).

Nicol et al (1996) have taken up this point in developing a tool to identify levels of skill acquisition, but have not yet completed an evaluation of the end product. Their concern arose from the fact that Benner's model refers to nursing as a whole, whereas nurse teachers are concerned with teaching and assessing its component skills. Moreover, they felt that at any stage of their education, student nurses might be at a number of Benner's levels. *'Thus, at the end of the Common Foundation Programme, the student who is considered to be an advanced beginner in nursing, will in fact be competent in some clinical and communication skills and a novice in others'* (p176). This view is echoed by Johnson (1996) in relation to the application of Benner's levels to pre-registration nurse education. He considered it essential to define Benner's levels in terms that could be applied to specific areas of competence, thus assisting in the assessment process and providing a developmental framework for practising nurses. However, this tool, like many others mentioned in the literature has yet to be evaluated, posing problems for nurse educators who wish to adopt reliable and valid assessment tools.

Steinaker and Bell's (1979) experiential taxonomy incorporates five stages:

- exposure to a learning experience
- participation in a learning experience
- identification of the learning experience
- internalisation of the learning experience
- dissemination of the learning experience.

However, linking the stages suggested in the model to an academic framework in an attempt to clarify levels can be a complex task if, as Luft (1992) argues, the taxonomy can be used to consider the total design of a programme and within individual modules. This is comparable to using academic level descriptors from level 1 to level M within a module as well as defining progression from one stage of a programme to another.

While models such as those of Benner (1984) and Steinaker and Bell (1979) have proved useful in curriculum planning and have much to contribute to the debate on levels within nursing and midwifery education, they may suffer from some of the same problems as academic levels. They can be perceived as a top-down approach to the issue of levels and stages and, more fundamentally, there still seems to be confusion over the purpose of the different levels. Do they indicate standards to be met by all learners? Are they stages of development through which all students progress? Must they be achieved within a set time-scale or is it driven by the individual? Luft (1992), for example, says that some students may not have proceeded beyond the identification stage of the experiential taxonomy by the end of the programme. Bamford and Rose (1992) also use the identification stage as the minimum acceptable level of practice for all students, while recognising that some may go beyond that. If achievement of the stages is idiosyncratic and related to each individual, it is difficult to see how such a model can help define generic standards of achievement and progression.

Faltermeyer (1994) describes the use of an eclectic model within the Higher Award which draws upon Bloom's (1956) taxonomy of educational objectives, with its six stage sequence of knowledge, comprehension, application, analysis, synthesis and evaluation, together with Steinaker and Bell and Benner, and the academic levels 1, 2 and 3. There is an assumption of a direct correlation between level 3, Benner's concept of expert, Bloom's categories of synthesis and evaluation and Steinaker and Bell's stage of dissemination. Although some literature discusses Benner's theories (for example, Carlson et al, 1989; English, 1993; Hogston, 1993; Darbyshire, 1994; Macleod, 1990; Patterson, 1991) there is little that seeks to relate them to levels of practice within a programme structure. Much of the literature in this area is descriptive, concentrating on the planning and design of programmes rather than evaluating the outcomes.

## 3.5 Attempts to clarify the notion of levels

Despite the reluctance of Robertson (1994) to tackle the issue of levels in great detail, others have taken on the challenge and produced a range of generic descriptors that could be used to inform the assessment of clinical practice. Some (Davis and Burnard, 1992; Jinks, 1994; Redfern and James, 1994; Greatorex and Nyatanga, 1995) consider nursing specifically, while others (Winter, 1993a; 1994a; 1994b; Moon, 1995) are concerned with general academic levels. The authors have approached the task from various angles and the results do not necessarily match. This may also be due to the lack of consensus on the nature and function of levels.

Winter's (1993b) work centres around the accreditation of social services experience and training (ASSETT) programme, in particular relating to social work, and a more general discussion of the issues generated in relation to the stages of progression within an honours degree. His concern is that the current conception of level makes credit non-convertible, in direct opposition to the aims of CATS. He suggests this is because the *'abstract unity of the general term 'level' has been constructed from a variety of diverse ideas'* (p91) and is not based on a comprehensive theory of learning, and identifies at least seven versions of level:

i. The CNAA relationship between years of a degree and level.

ii. A Bloom-based educational continuum.

iii. A continuum based on autonomy.

iv. An Open College Network model with a continuum of autonomy and a continuum of skills and competencies from basic to problem-solving.

v. A Further Education Unit model where academic awards are aligned with employment roles.

vi. Steinaker and Bell's experiential taxonomy.

vii. An NVQ definition which simultaneously refers to a number of dimensions.

In a critique of these approaches, Winter (1994b) suggests that there is confusion over levels as grades and levels as stages, and that there is no basis for making a general distinction between stages within undergraduate studies. He proposes four elements to the solution:

- that learning outcomes must include general learning abilities
- that stage-related criteria must be fulfilled in some but not all units
- that each award must have an integrative unit
- that units may identify pre- and co-requisite units.

Following research into the effect of new approaches involving competence, enterprise and capability in higher education, Winter (1993a) proposes a non-subdivided honours degree of the same standard as present but enabling a wider variety of evidence of learning. He argues that honours classifications do not fit areas of learning such as work-based learning, where typically the assessment is pass or fail, competent or not yet competent. He continues that grading only makes sense as a means of social selection, but has no educational or pedagogic justification. This view is rejected by Robertson (1994) in *Choosing to Change* on the grounds that although the case can be made intellectually, it does not advance the case for student progression. However, he argues for retaining the undivided masters level on the basis that dividing it into stages might encourage infinite regression at the lower levels.

These debates raise the question of the extent to which credit-rating of practice is a by-product of the need to grade achievement to count towards an honours degree. If practice

achievement is to count towards the classification of a traditional sub-divided honours degree, it must be graded in the same way as the other subjects or be capable of conversion to the same base; pass/fail assessments cannot be used in such a system. However, Winter (1993a) suggests this is the most that can be expected of assessment in this area, and proposes instead a range of assessment tools using a pass/fail criterion in a non-divided honours degree. This allows for the creation of profiles of achievement which may give a more realistic picture of students' strengths and weaknesses.

In respect of nursing and midwifery education, Reed and Procter (1995) suggest that the introduction of CATS and the UKCC and Board frameworks for continuing professional education raise significant questions concerning the assessment of clinical competence, especially with regard to grading. It is not just concerned with the specification of a threshold level, it also involves a judgement as to the degree to which the level has been achieved. They note that there is no consensus as to what constitutes level 3 practice, or how it can be distinguished from level 2.

In contrast to the views of Winter (1994a), the South East England Consortium (SEEC, 1996) and the Higher Education Credit Initiative Wales (HECIW, 1996) have attempted to produce a set of generic level descriptors of use to practitioners and policy-makers. The guidelines cover a range of issues concerned with the implementation of a CATS framework. As well as sections on the definition of credit, the relationship of general to specific credit and the difference between vocational and academic frameworks, there is a full set of level descriptors for all higher education levels from level 1 to M.

Although the levels are disassociated from the award structure and year of study, the three undergraduate levels are retained, as is the undivided masters level. This seems to be based on a pragmatic decision to use existing, generally accepted terminology, rather than the foundation and advanced structure adopted by some higher education institutions whereby level 1 equates to a foundation level and levels 2 and 3 to an advanced level. The level descriptors are divided into three categories:

- operational contexts
- cognitive descriptors
- other transferable skill descriptors.

Each category is subdivided; for example cognitive descriptors is divided into knowledge and understanding, analysis, synthesis, creativity and evaluation, with all these categories being present in each level. Although these terms derive from Bloom (1956) they do not follow the commonly accepted notion that analysis is a lower level activity than synthesis. The SEEC (1996) points out that these descriptors are not intended as a restrictive template, but as a working guide. Users are required to apply them in specific situations, as not all categories may be appropriate to all programmes.

The Welsh report contains a series of guidelines stating that a level is a threshold standard of achievement within a hierarchy of levels (HECIW, 1995). It also clarifies that postgraduate in time is not the same as postgraduate in level, nor is post-experience learning necessarily at postgraduate level. These level descriptors have something in common with those produced by the New Zealand Qualifications Authority (Methren, 1994), which uses the following categories to define levels:

- process
- learning demand

- responsibility
- application.

Both sets of descriptors are designed to encompass all kinds of learning in all situations, ending the emphasis on academic learning as the main or even only type of learning that could be credited.

## 3.6 The development of levels in nursing and midwifery education

The incorporation of pre- and post-registration nursing and midwifery education within higher education has brought into focus some of the problems associated with the assessment of practice at different levels. In particular, the integration of these programmes into institutions where the majority of programmes did not contain significant practice-based elements raised issues over how to include such learning into the assessment package. Where programmes have been credit-rated and unitised there is a variety of custom with practice elements being credit-rated and counting towards the total credit required for the award in some cases, while in others, only units which might be classified as 'theory' are credit bearing (Davidson, 1994).

Nursing and midwifery education has responded to this situation by attempting to produce level descriptors from within its own community. Davis and Burnard (1992) undertook a cross-cultural study that proposed some broad differences between diploma, graduate and masters students in their knowledge, the nature of their research, the relationship with their teacher and the locus of control in the learning process. They suggest that a cyclical rather than a linear model of progression is more suited to practitioners' development, in that the life-long student never becomes an expert, but progresses through a series of 'study loops' of relative expertise, or alternatively never becomes an expert in the whole of nursing but develops expertise in particular areas. This suggests that the construction of level descriptors is more complicated than it might seem at first sight, with no quick and easy solution.

Davis (1994) produced a 'levels of practice' grid enabling practitioners to identify their development needs. It attempts to match 12 elements to diploma, degree, masters and doctoral levels. Some characteristics are common to other schemes, for example, knowledge, understanding and the teacher-student relationship, while others such as 'academic communication' are unique. The taxonomy is problematic in that some elements use terms from other frameworks, such as novice and expert, from Benner (1984), that require clarification before use. Others are contestable, such as the management category, where it is suggested that a diploma level nurse has little appreciation of the role of management and policy-making and doctoral level nurses make or direct policy. Is the suggestion that only doctoral level nurses are able to make or direct policy, or that a doctoral nurse should be performing that role? The extent to which the grid is a prescription or expectation is questionable. The article itself suggests that it might enable practitioners to measure their development in order to identify areas requiring attention. However, the framework's inconsistencies and ambiguities raise questions about its value in clearly distinguishing between different academic levels in relation to nursing and midwifery education.

Greatorex and Nyatanga (1995) produced a set of generic level statements or 'themes' that characterised health-related courses. Some of these themes are progressive in that they exist at all levels, while other non-progressive themes occur only at some levels. The progressive themes are knowledge, autonomy and understanding of self, while work, relationships with other students, and memory are perceived to be specific to undergraduate level, and life experience only to postgraduate study. Approaches to learning, feedback, feelings, logical possibilities and

deduction and problem solving are deemed to be non-progressive, in that some characteristics become extinct as individuals progress through the levels. The authors conclude that learning does not fit comfortably with the notion of levels since it is a dynamic process, but suggest that the present level descriptors may provide a starting point for developing a more appropriate assessment tool.

## 3.7 Approaches to the assessment of practice

The contribution that assessment of practice makes to an academic award has caused much discussion within nursing and midwifery and other professions incorporating a practice-based element in their educational programmes (Toohey et al, 1996). The comment by Brewer is appropriate to the present study:

> *'The real question is, should performance on placement be counted towards the degree qualification, or to some separate form of certification ... The deeper question which this leads to is what is a degree, what does it measure? ... It is clear that differing assessment methods all produce differing outcomes, some of which lend themselves more comfortably to differing kinds of accreditation'* (Brewer, 1994 p62).

As already indicated, one of the main issues facing those involved in the early development of CATS was the relative weight to be given to work-based learning (Armstrong, 1992). While some concerns focused on the quantitative aspect of the credit-rating, others were raised about the nature of the assessment of such learning. Toohey et al (1996) point out that many problems arise because of the emphasis in traditional higher education on knowledge-based assessment and the ranking of students. This approach limits the range and nature of assessment tools and is especially uncomfortable with many of the methods used in assessing practice, such as reflective journals and individual learning contracts. In a comprehensive review of the assessment of practice, Toohey et al (1996) identify five models:

- the attendance model
- the work history model
- the broad abilities model
- the specific competencies model
- the negotiated curriculum model.

Although the article is concerned with practice learning in general in professional education, what Toohey et al call the 'practicum', much of it can be applied to nurse education, since most, if not all, the models can be found in programmes of nursing and midwifery education. In some cases only one model may be evident, although the increasing use of eclectic models to inform curriculum development seems to be accompanied by a move to a variety of tools to assess practice. A brief explanation of the models might help to provide a framework in which to place the assessment of practice.

### 3.7.1 The attendance model

In this model the practicum is not formally assessed, and satisfactory completion of the placement may be all that is required. In some cases there may be no criteria to assist in the judgement of satisfactory completion, while in others there may be a pass/fail grading with minimal guidance. This seems to indicate that the practicum is not seen as important by the educational institution, with real learning taking place only within the institution. On the other hand, it could be seen that although the practicum is a valuable part of educational

development, the nature of the practice situation makes it difficult to assess reliably, so a minimalist approach is taken to this.

### 3.7.2 The work history model

This model aims to assist students to document and reflect on significant tasks undertaken in their practice. It involves the use of journals, log books and diaries that may or may not be assessed. Where such artefacts are not assessed it may be because the personal nature of the writing makes it difficult to compare students. Moreover, assessment of such writings may make students *'censor their mistakes rather than analysing them'* (Toohey et al, 1996 p218).

### 3.7.3 The broad abilities model

This model aims to give greater clarity to the assessment process by specifying which abilities the programme aims to develop in students. It includes both technical and intellectual skills, couched in fairly general terms, that guide students in fulfilling their placement and enable assessors to make comparisons between students.

### 3.7.4 The specific competencies model

A more structured approach is exemplified in the specific competencies model, where key roles and tasks are identified and the practicum is organised so that the full range of practice learning opportunities can be offered to all students. Its advantage is the *'close fit with workplace performance, a high degree of validity and a high degree of acceptance by students'* (Toohey et al, 1996 p221). However, the model requires considerable organisation by the education institution, and an ability to exert significant control over the workplace.

### 3.7.5 The negotiated curriculum model

The learning contract is an essential part of the negotiated curriculum model; examples cited by Toohey et al include a Canadian university where nursing students negotiate the basis on which they will be assessed and the grade they will aim for. The advantage of this model is the commitment and motivation that students bring to the practice setting, while the negative aspect can be the amount of time needed to negotiate a suitable contract.

The literature dealing specifically with assessment in nursing and midwifery education contains examples of most of the above models, although the attendance model is operated with at least a pass/fail grading in order to fulfil statutory requirements. Several recent reviews of literature on assessment (Runciman, 1990; Coates and Chambers, 1992; Girot, 1993; Phillips et al, 1994; Sharp et al, 1995) have produced similar findings:

- There is evidence of a range of assessment methods operating in nursing, but most of the material is descriptive, with a paucity of evaluative articles. Consequently, as Sharp et al (1995) point out, *'there are many tools to assess competency which are currently in use within nursing education without any clear rationale for their implementation'* (p33). Coates and Chambers (1992) found that of 11 articles concerning the assessment of competence, only two indicated that they were based on a theoretical framework.
- The issue of who should undertake the role of assessor is unclear.
- The combined reviews also indicate a lack of consensus concerning the definition of key terms such as competence.
- There is little relating the assessment tools to levels of achievement.

The last two deficits above highlight the dilemma about what constitutes performance in practice at a particular academic level when the assessment is concerned primarily with

competence to practise. This leads to a consideration of the nature and assessment of competence and its relationship to levels.

## 3.8 The nature and assessment of competence

Like that of levels, the notion of 'competence' is confusing and contentious. Girot (1993) points out that the term is *'over-defined rather than ill defined'*, with the ambiguity over its meaning having been increased by the growth of different ways of assessing it. Sharp et al (1995) and Phillips et al (1994) discuss the issues raised by the use of the term competence in the assessment of nursing and midwifery practice, highlighting its complexity and the need for valid and reliable assessment tools that capture its many aspects. The literature on competence is extensive, covering nursing and midwifery and the wider topic of vocational education. A detailed consideration is beyond the brief of this review, but the collective works of Ashworth and Saxton (1990), Ashworth (1992), Hyland (1993), Shuttleworth (1993) and Winter (1992) address the main theoretical issues in the competence-based approach, especially that adopted by the National Council for Vocational Qualifications (NCVQ). Criticisms centre on a number of points, in particular:

- the role of knowledge and understanding in competence specifications (Ashworth, 1992; Hyland, 1993; Shuttleworth, 1993)
- the individualistic orientation with its emphasis on personal rather than team competencies (Ashworth and Saxton, 1990)
- the atomistic and reductionist nature of the exercise (Ashworth and Saxton, 1990)
- the strictly behaviourist approach to assessment (Ashworth, 1992; Winter, 1993a).

The force of the above criticisms is highlighted by Prime (1992). In discussing the development of level 5 NVQs consideration is given to the role of knowledge and understanding in higher level NVQs and the issues raised by the inclusion of values, ethics and personal attributes in professional competencies.

The literature discussing competence within nursing and midwifery education uses a broader definition than that used by the NCVQ, but some argue that the concept can be still be restrictive. Ashworth and Morrison (1991) and While (1994) stress the difficulty of defining competence, which leads While to suggest that performance in the real-life situation, rather than competence, should be the concern of pre-registration education.

The development of a competence-based approach to education has been sustained by the promise it offers of an objective assessment method that enabled clear distinctions to be made in levels of competence. Ashworth and Morrison (1991) question this belief, showing that there is confusion between the level of one competence and its combination with other competencies. For example, in considering the application of Steinaker and Bell's (1979) taxonomy to the assessment of competence, to say that the ability to teach others to perform a skill such as giving an injection is a higher level of the skill of injection-giving is to confuse two competencies, administering an injection and teaching. This example highlights some of the difficulties in assessing competencies. Phillips et al (1994) take this further in providing a detailed account of the assessment of competence in nursing and midwifery education.

The claim that criterion-referenced assessment using a competence framework would bring objectivity to the process is queried by several writers. Ashworth and Morrison (1991) argue that there is enormous scope for subjectivity since assessment involves *'the perception of evidence about performance by an assessor, and the arrival at a decision concerning the level of performance of the person being assessed'* (p237). This is likely to be the case in situations where

competencies are relatively intangible or are to be inferred from performance. Indeed, While (1994) in quoting Blomquist (1985) suggests that *'methods that reliably and validly evaluate the activities and processes of nursing students have not yet been found'* (p527). It appears that the promise of clear objective levels for the assessment of practice does not necessarily flow from a competence-based approach.

There have been few attempts in nursing and midwifery education to use an explicit NVQ-based approach to the assessment of practice, but a number of articles explore the application of the principles underpinning NVQs and occupational standards. Day and Basford (1995) and Storey et al (1995) describe efforts to include NVQs in pre-registration diploma programmes. Although they were aware of the problems referred to previously concerning vocational qualifications, they wanted to use the standards generated by the NVQs as a *'useful and complementary account of the process of care'* (Day and Basford, 1995). Storey's college of nursing incorporated a number of NVQs in management and information technology into the pre-registration diploma programme. While Day and Basford seem to have found little difficulty aligning NVQs with academic levels, Storey reported that matching the academic level of the diploma with the competence level of the NVQ was more difficult than anticipated. The work of the SEEC CATS Project (SEEC, 1996) and others involved in the Credit and Learning Outcomes network (DfEE, 1996) support this view. Indeed, the articulation of the NVQ framework with academic levels is a matter of contention within higher education *'since the extent of the overlap between the spheres of higher education awards and vocational qualifications is likely to vary greatly from subject to subject, may be non-existent and very seldom, if ever, be total'* (HEQC, 1995b p6). Diagrams such as that used by Mangan (1995) that attempt to show a direct comparison or equivalence between NVQ level 5, masters level and final year undergraduate work do little justice to the complexity of the relationship. HEQC, in its report on vocational qualifications, deliberately excludes diagrams indicating broad equivalence since *'such diagrams can easily be interpreted in misleading ways'* (HEQC, 1995b p33). This is because the equivalencies are of different kinds, involving at least two dimensions. Rather than make assumptions about the relationship between the two frameworks, it is suggested that this can only be established by empirical work with specific qualifications and subject areas. This view is illustrated by the Association of Business Schools (1995), which compares management NVQs against higher education management awards. The report concludes that the development of NVQs in higher education is at an early stage and for this reason, among others, equivalence between NVQs and academic awards can only be accomplished in *'a rather fuzzy way'* (p53).

Le Var (1996), reviewing the potential role of NVQs in nursing and midwifery education, concludes that the current NVQ approach to assessment leads to a degree of fragmentation which would be detrimental to professional development. However, she comments favourably on the Australian approach to competencies, described by Chappel and Hager (1994), Gonczi (1994), Curtain and Hayton (1995), and Hager and Gonczi (1996). The main differences between the Australian model and that based on an NVQ framework seem to be the more holistic approach to competence. Typically, the Australian professions have developed 30-40 elements of competence in the form of described standards rather than checklists. Whether this avoids the main criticisms of the competence debate is open to question, and Walker (1995) challenges the Australian approach in terms of nursing education, suggesting that:

> *'nurses dispense altogether with the modern project of competencies and its totalizing vision of uniformity and conformity of standards and outcomes, for such things can only be destined to perpetually elude us. I suggest instead that nurses engage in locally and collectively devised critical reflexive processes for the assessment of practice performance'* (Walker, 1995 p98).

In contrast, Percival et al (1994) comment favourably on the work of the Australian Nurse Registering Authorities Conference Project (ANRAC) in developing beginning level competencies. The definition of competence used by the project is interesting in view of the previous comments on the nature of competence.

> *'Competence is the ability of a person to fulfil the nursing role effectively and/or expertly. It is an inner, highly differentiated characteristic of a person which is applicable to the very demanding and very specific context of nursing. It is an ability that effectively encompasses the entire demands of the nursing role; and therefore nursing competence itself possesses a complexity that increases with experience, and as responsibilities become more intricate'* (Percival et al, 1994 p139).

As well as developing competence statements, the ANRAC project tackled the assessment of competence. In rejecting a checklist approach, the project was concerned with producing an assessment technology that recognised the complex nature of practice and of assessment. Four main objections to existing professional assessment procedures are identified:

- the existing procedures only assessed a small range of practice settings
- there was a bias towards the assessment of knowledge rather than performance
- the assessments relied on indirect, vicarious and unstructured methods
- no attention was paid to students' personal attitudes and traits.

The project report concludes that any assessment involves an element of subjectivity and that the use of a variety of approaches is a means of offsetting bias. What has developed is not an assessment instrument *per se*, but a means of guiding assessors in judging competence, which acknowledges the role of tacit knowledge, verbal descriptions and cues in the assessment process. The report also highlights the importance of continuing education programmes for staff involved in assessment, in order to support practice assessors and assist in the ongoing evaluation of the whole process. Although this research did not tackle directly the issue of academic levels, it is useful in shedding light on the complexity of the assessment process and the need to use a variety of evidence to support judgements concerning performance.

Two final issues impact upon the assessment of practice at different academic levels. Even if clear criteria could be developed to discriminate between different levels, the assessment methods and tools used and the expertise of the practice assessor in translating level descriptors into useful criteria to apply in assessing performance are key considerations in respect of rigour in the assessment process.

## 3.9 Methods used in assessing practice

The relationship of theory and practice is an important concern in identifying appropriate methods for assessing practice, in particular identifying defensible means of assessing the extent to which theory derived from nursing/midwifery and related disciplines informs practice. This is far from straightforward – the perception of a gap between theory taught in the classroom and practice adopted in the clinical area has been a recurring theme within nursing and midwifery education. This theory-practice gap is mentioned by early writers such as Hunt (1974) and Bendall (1975), and more recently by Mallik (1993) and Ferguson and Jinks (1994). However, the existence of a gap is challenged by several writers, who suggest that the problem is misconceived. Dale (1994) proposes that there are three kinds of knowledge: propositional, which is taught in the classroom; practice knowledge; and experiential knowledge. She suggests that only the first two elements are dealt with in pre-registration nurse education. Practice

knowledge is fundamental to nursing, and she argues that the gap is the result of teachers and practitioners viewing nursing from different theoretical perspectives that are not linked through the third, experiential, perspective. This view is shared by McCaugherty (1992), Mallik (1993), Allmark (1995), Ashworth and Longmate (1993) among others, who have attempted to suggest an approach that avoids a fruitless dichotomy between theory and practice. Ashworth and Longmate (1993) argue that the commonly held view of theory as an abstract, ideal and detached body of recommendations or prescriptions bearing little or no relation to practical settings shows a misunderstanding of the nature of both theory and nursing practice. They state that nurses use 'theories-in-action' of the situations with which they are confronted; nurses may not be aware of this and may see nursing practice as *'merely lived through experience'* (p.326) but, it is argued, the relationship between theory and practice is intrinsic. Indeed, in Benner's sense of the expert nurse, the place of theory is central to and inseparable from practice.

There are numerous suggestions in the literature on how to address the theory-practice gap, but little overall agreement; again, it is outside the scope of this review to consider the issues in detail. However, Ferguson and Jinks (1994) suggest that the problem of integration is multi-dimensional and propose a model for use by curriculum planners that contains eight key areas:

- the curriculum model to be used
- the sequencing of taught content and clinical practice
- the content of the programme
- teaching methods to be used
- assessment criteria
- the role of tutors in the learning process
- the contribution of service staff
- the influence of the hidden curriculum.

This approach requires significant change in the planning and delivery of nursing and midwifery programmes, with considerable organisational and individual commitment by those responsible for nurse education.

There are also indicators within the literature as to possible assessment methods that may promote the integration of theory with practice. In particular, the use of reflection as a means of addressing the theory-practice gap has been considered. While much of the discussion is beyond the remit of this study, the level descriptors used in higher education often refer to reflection as a higher level skill involved in synthesis. It is often suggested that this is a characteristic of the graduate (HEQC, 1996), and might be used as a means of assessing levels of performance. Glen (1995) argues that critical thinking is an essential part of higher education and the development of this skill is essential in nursing. If clinical placements are not to be the unquestioning replication of existing practice, she argues, students must be equipped with the skills to deal with the wide range of situations they will encounter. This emphasis on the development of critical thinking as an essential aspect of nursing and midwifery education echoes the CNAA's educational aims to develop understanding, judgement and problem-solving skills. Raban (1992) and Armstrong (1992) consider this an essential aspect to be explored in respect of clinical placements in nursing programmes when discussing their accreditation.

There has been much discussion of the use of reflection in nursing, especially in relation to the work of Schön (1991) and Benner (1984) (Palmer et al, 1994; Reed and Procter, 1995). However, as Clarke et al (1996) point out, the notion of reflective practice remains

problematic: the purpose of reflection is unclear, as is what practitioners should reflect on, and how and when they might undertake it. They suggest that more consideration be given to clarifying the nature of nursing practice and the contribution reflection might make to its development. This is echoed by Jarvis (1992), who argues that reflective practice is more than just thoughtful practice: *'it is the process of turning thoughtful practice into a potential learning situation, and significantly enough, it is the utilisation of good theory in practice in what must always be a situation of probability'* (p178). To this end, the use of reflective practice has implications for the whole nature of a profession and the structure and organisation within which it operates. These concerns are not unique to nursing and midwifery: Yelloly and Henkel (1995) address many of the same points in relation to social work, while Williams (1994) tackles similar issues in relation to the professions allied to medicine. That other professions are grappling with the same issues as nursing and midwifery suggests that there are likely to be benefits to closer collaboration.

As part of this move to a more reflexive approach to learning in the nursing and other professions, there has been the development of the professional diary, logbook or portfolio as a means of assisting this process. Indeed the Board (1995), in revising its guidelines and regulations on assessment, introduced the development of a learning portfolio as a requirement of educational programmes. Similarly, the UKCC now requires all practitioners to maintain a professional profile detailing their on-going professional development as a precondition of continuing registration (UKCC, 1994).

Although there is some literature on the use of learning portfolios in nursing and midwifery education little, as yet, is evaluative. There is also a lack of uniformity as to the definition of a portfolio, and conflicting views as to how it might contribute to the assessment of practice. Some authors advocate the use of portfolios in the summative assessment of practice. Jasper (1995) describes the use of a portfolio workbook within a shortened DipHE programme for graduates, covering all aspects of the programme, not just clinical practice. The driving force behind this development seems to have been to structure the focus of students' learning to facilitate their completion of the Common Foundation Programme in a shorter time than normally required. The portfolio was subjected to formative and summative assessment with grading on a 10-point scale according to a set of level criteria.

Supporting the use of portfolios to assess student performance, Gerrish (1993) indicates that the wide range of evidence which can be included within portfolios is regarded as an advantage in the assessment process by both students and teachers. However, Patterson (1995) questions the appropriateness of their use for formally assessing performance, making the point that students' reflective accounts of practice should be seen as confidential, and as teaching and learning tools rather than as a means of assessment. The concern is that reflections will not be open and honest if assessment is involved. This is an issue to which there is no simple answer, highlighting the difficulty of using such indirect methods to assess practice, although Wong et al (1995) conducted a study to show that it was possible to construct a coding scheme to enable staff to assess the level of student reflection from reflective journals. The study report concludes that although it is difficult to identify finer levels of reflective activity, it is possible to identify students as non-reflectors, reflectors and critical reflectors with some reliability. Analysis of journal content to categorise the more complex aspects of reflection, proved difficult.

One of the difficulties of relying on written accounts of practice to assess performance is that there may be inconsistencies between what students write and their actual performance (for example, Bendall, 1975; Ferguson and Jinks, 1994). While all pre-registration programmes of nursing and midwifery education require that student performance is assessed by direct observation of practice, there are concerns about the reliability and validity of the approaches

taken. The move from ward-based practical tests to a process of continuous assessment was an attempt to overcome earlier criticisms about the former methods' validity and reliability. However, difficulties in developing appropriate criteria for discriminating between practice at different levels, together with the problems of using these criteria in practice, have led some to consider the use of a skills laboratory in the assessment of practice. O'Neill and McCall (1996) describe the operation of a basic skills laboratory in a nursing degree programme based on the Objective Structured Clinical Evaluation (OSCE) model, where the aim was to bring a measure of objectivity into assessment. However, this was a small pilot with assessment carried out by students rather than clinical staff, so the exercise was more than an assessment process – it also had a developmental function for the supervising and assessor students. A similar experiment is recounted by Conrick et al (1996), in which a simulated ward was used to foster the integration of theory and practice. Both these studies provide useful information about alternative methods of teaching and assessing skills, but are open to Andrews and Jones's (1996) objection to problem-based learning in nursing programmes:

> *'Problem-based learning attempts to integrate formal theory with real situations. However, clarifying the decision making processes students employ in the classroom may not provide an accurate indication of how they perform in reality. There is no guarantee that individuals will call on the same guidelines to inform practice'* (p364).

Whilst the authors do not propose that assessment in a skills laboratory should replace current methods of assessing practice, they suggest that it could be a useful adjunct. Triangulation of methods encompassing assessment by direct observation, written accounts in the form of a reflective learning portfolio and more objective measures such as through a skills laboratory, seem a possible means of enhancing validity and reliability in the assessment process.

## 3.10 The practice assessor

The review of the literature has highlighted key concerns in developing appropriate strategies for the assessment of practice in programmes leading to an academic and professional qualification in terms of the need to develop criteria which discriminate between performance at different levels and effective methods of using these criteria. However, the expertise of the person undertaking the assessment is also an important consideration in judging the effectiveness of different assessment methods. Reference has already been made to the research evaluating the implementation of DipHE programmes which highlighted practice assessors' uncertainty about what constitutes diploma level practice. This research also emphasised the importance of appropriate preparation and support for practitioners with responsibility for assessing students in practice (Elkan and Robinson, 1995). Additional studies have highlighted the importance of nurse teachers assuming a more active role in supporting practice assessors (Gerrish, 1992; White and Davis, 1993; White et al, 1993). However, there seems to have been little progress in addressing these earlier concerns, since Clifford (1996), Fowler (1996) and Duke (1996) report continuing problems relating to the supervision and assessment of clinical practice. Given that clinical practice appears to be the most problematic for those involved in accrediting nursing programmes, this is a matter of some concern. Duke (1996) investigated the problems faced by sessional teachers in the clinical area and found a lack of confidence in making final decisions regarding student performance, especially in areas that they could not easily objectify, such as attributes, values and caring, although they had little difficulty with the psychomotor skills, reflecting perhaps, their own educational experience. However, since they were not members of that educational institution they were not privy to its implicit culture, values and expectations. The lack of an higher educational qualification was also seen as a drawback. Although this was

an Australian study the findings appear to relate to the experience of clinical staff who act as assessors for nursing and midwifery programmes in England. The role of ward staff is essential to the successful development of assessment in the clinical area, and as Gerrish (1990) points out, it is a complex and demanding role. The possible introduction of grading criteria into the assessment of practice would add another complexity that would require careful evaluation and support.

## 3.11 Conclusion

While the initial purpose of the literature review was to focus on theoretical and practical approaches to the assessment of practice at different academic levels, it has been extended to consider other issues which impact upon the assessment of practice in programmes of nursing and midwifery education. This broad sweeping review has highlighted a number of important issues:

- There is a lack of clarity in the definition of levels in relation to programmes of nursing and midwifery education. A number of groupings are evident, including academic frameworks concerned with progression (often based on a CAT scheme) and/or the outcome of a specific award, frameworks based on professional or educational models (for example Steinaker and Bell and Benner) and vocationally orientated frameworks based on an NVQ model.
- Within each of the categories of level there is ambiguity and a lack of precision in clarifying the particular characteristics of a set of levels. There is also diversity in the characteristics included in the level descriptors for a particular group of levels, for example academic levels 1 to 3.
- The lack of clear level descriptors in relation to progression towards, or in respect of the outcome of, an academic award suggests inherent difficulties in discriminating between performance at different academic levels.
- The incorporation of nursing and midwifery education within an academic structure including CATS indicates not just the need to consider the assessment of practice at different academic levels, but also the credit-rating and grading of practice-based learning. However, little literature to date addresses these issues.
- Inconsistencies in the use and interpretation of professional frameworks to assess practice raise questions about their value in making clear distinctions between assessment at different academic levels in nursing and midwifery education.
- A number of methods are used in the assessment of practice, including direct observation, the use of learning portfolios and skills laboratories. However, there is little evidence of the approaches having been subject to systematic evaluation.

The literature review has identified a lack of consensus as to what constitutes different academic levels in respect of the assessment of practice. The conclusion must be that there is a need to address some of the issues raised. However, the nature of the problem needs to be identified. Before time and effort is invested in constructing elaborate level descriptor frameworks, it is important to ask what function they serve and whether there should be levels as currently understood at undergraduate and postgraduate level. Levels are intended to assist teachers and students by bringing flexibility and clarity to the educational process. If they fail to do this to what extent is this the fault of the levels rather than the subject area?

## 4.1 Introduction

The primary aim of the documentary analysis was to map the approaches taken in the assessment of practice, together with the criteria used to discriminate between assessment at different levels. It was also our intention to identify programmes which appeared to have adopted innovative approaches to assessment, and to follow these up by interview in order to gain more insight into the particular approaches taken.

However, we were aware that it is inappropriate to view the assessment of practice in isolation from the rest of the curriculum. Recognition of the close relationship between theory and practice highlights the need to consider how the two components feature within the curriculum, and how the approach taken to the assessment of one influences the approach taken to the other. Furthermore, the developments in nurse education referred to earlier emphasised the need to consider the contribution of both theory and practice to an award with academic and professional recognition. The literature review had identified a number of key issues relating to the assessment of practice at different levels which were used as a framework to guide the analysis of documentation; these were:

- the use of a curriculum and/or professional model to guide assessment
- the nature of CAT schemes and credit-rating
- the identification of level descriptors and their relationship to progression
- the approach taken to the assessment of practice and its relationship to the assessment of theory
- the credit-rating of practice.

In considering the outcome of the documentary analysis, the currency of the programmes should be taken into account. Programmes are normally validated for five years, after which they are subject to periodic review. At this time curricula are often revised to take account of developments in practice and education, and of policy changes imposed by validating bodies. The sample of documents in the analysis (Table 4.1) spanned a period from 1991 to 1996 and included recently validated programmes and some about to undergo to periodic review.

| Programme | Year of validation | | | | | | |
|---|---|---|---|---|---|---|---|
| | 91 | 92 | 93 | 94 | 95 | 96 | Total |
| Pre-registration diploma in nursing | 1 | | 1 | 3 | 3 | 3 | 11 |
| Pre-registration diploma in midwifery | 1 | 2 | | 3 | 1 | | 7 |
| Pre-registration degree in nursing | | 1 | 2 | 2 | 2 | 2 | 9 |
| Pre-registration degree in midwifery | | 1 | 1 | 2 | 3 | | 7 |
| Specialist practitioner community nursing programmes at degree level | | | | | 2 | 4 | 6 |
| ENB Higher Award at degree/master's level | | 1 | 2 | 1 | 2 | 2 | 8 |
| Total | 2 | 5 | 6 | 11 | 13 | 11 | 48 |

Table 4.1: Validation date of curriculum documentation by programme

It is important to acknowledge that the programmes validated prior to the introduction of the Board's policy on the assessment of practice (ENB, 1995), represent earlier thinking on the subject, although some had already made considerable progress in assessing and credit-rating practice at different levels. The documentary analysis does not therefore represent a comprehensive evaluation of the extent to which programmes have addressed the new assessment requirements, but presents the variety of approaches evident in currently validated provision.

## 4.2 The use of a curriculum and/or professional model to guide assessment

Both educational and professional models may influence approaches to the assessment of practice and the determination of different levels. Steinaker and Bell's (1979) taxonomy of experiential learning and Benner's (1984) taxonomy of professional expertise have featured prominently as models upon which assessment might be developed. We therefore sought to identify the models featured in the curricula and examine the extent to which they were used to inform approaches to assessment (Table 4.2).

| Programme | Steinaker and Bell | Benner | Other | None |
|---|---|---|---|---|
| Pre-registration diploma in nursing | 5 | 4 | 4 | 1 |
| Pre-registration diploma in midwifery | 4 | 3 | 2 | |
| Pre-registration degree in nursing | 2 | 2 | 3 | 3 |
| Pre-registration degree in midwifery | 4 | 3 | 2 | 1 |
| Specialist practitioner community nursing programmes at degree level | | | 2 | 4 |
| ENB Higher Award at degree/master's level | 2 | 2 | 1 | 3 |
| Total | 17 | 14 | 14 | 12 |

*NB. Some programmes used more than one model*

Table 4.2: Programmes using an identified curriculum/professional model to inform approaches to assessment

Steinaker and Bell's or Benner's taxonomies featured in over half of the programmes (65%) with five using both and four using one alongside other models. The remaining programmes either referred to other models or claimed not to have used a particular model but to have been influenced by a number of theorists. Several institutions claimed using one particular model would prove too restrictive in addressing something as complex as nursing, and an eclectic approach was beneficial.

Of the 36 which claimed to use a particular model, only 18 showed evidence of using it in relation to the assessment of practice or in determining practice levels (Table 4.3). In other programmes there was little evidence, if any, of the curriculum framework moving beyond the stage of inspirational rhetoric. This may be a limitation of the documentary analysis in that the philosophy underpinning the choice of framework may be internalised by the programme team and so influence curriculum delivery, although it is not explicit in the documentation.

We also recognised that professional frameworks might inform the development of the assessment strategy, and examined the curricula to ascertain the extent to which they referred to an explicit professional model. While six referred to Benner's taxonomy, there was little mention of other models having informed curriculum development. Rather, programmes presented a philosophy of care which stated the beliefs about professional practice underpinning

the curriculum, although there was often an acknowledgement of the influence of contemporary nursing and health policy, few explicitly mentioned a professional framework. The exception was Schön's (1991) work on reflective practice, which several programmes claimed as an influence. A number also referred to Schön implicitly through a consideration of the importance of reflection on and in practice. However, while reflection featured as a characteristic of level descriptors none of the programmes structured their approach to assessment on Schön's work.

| Programme | Steinaker and Bell | Benner | Other | None |
|---|---|---|---|---|
| Pre-registration diploma in nursing (n=11) | 3 | 3 | | 5 |
| Pre-registration diploma in midwifery (n=7) | 3 | | 1 | 3 |
| Pre-registration degree in nursing (n=9) | 2 | 1 | | 6 |
| Pre-registration degree in midwifery (n=7) | 2 | 1 | | 4 |
| Specialist practitioner community nursing programmes at degree level (n=6) | | 1 | 1 | 4 |
| ENB Higher Award at degree/master's level (n=8) | 2 | | | 6 |
| Total | 12 | 6 | 2 | 28 |

Table 4.3: Programmes using an identified model for the assessment of practice

## 4.3 The nature of CAT schemes and credit-rating

The documentation was examined to ascertain the extent to which programmes featured a CAT scheme and, where one existed, its characteristics (Table 4.4). With the exception of five programmes, all referred to awarding academic credits. Those with no CAT scheme were validated between 1991 and 1994, so this may be attributed to the validating institution having no CAT scheme at the time. In programmes which did award academic credits, two models were evident:

- In eight programmes, academic credits were awarded for the whole award or for significant components, for example a pre-registration diploma in nursing awarded 240 credits, 120 at level 1 attributed to the Common Foundation Programme and 120 at level 2 for the branch programme.
- The remaining 35 programmes described some form of CAT scheme in which the programme was divided into modules/units, and credits awarded for each component.

| Programme | None | Credits for total award but not linked to modules | CAT scheme in evidence |
|---|---|---|---|
| Pre-registration diploma in nursing (n=11) | 2 | 4 | 5 |
| Pre-registration diploma in midwifery (n=7) | 2 | 1 | 4 |
| Pre-registration degree in nursing (n=9) | 1 | | 8 |
| Pre-registration degree in midwifery (n=7) | | 2 | 5 |
| Specialist practitioner community nursing programmes at degree level (n=6) | | 1 | 5 |
| ENB Higher Award at degree/master's level (n=8) | | | 8 |
| Total | 5 | 8 | 35 |

Table 4.4: Programmes incorporating a CAT scheme

It became clear, however, that there was considerable variation in the characteristics of different CAT schemes. Most appeared to be based on the CNAA model of three academic levels for an undergraduate programme and one postgraduate masters level; a small number had just two undergraduate levels, one the equivalent of level 1 and the other an amalgamation of levels 2 and 3, and one four-year pre-registration degree programme had four levels. However, there were additional anomalies: a number of pre-registration diploma programmes included the equivalent of a foundation level prior to level 1, which aimed to bring students without 'A' levels to the required standard for level 1 studies; others included a specific level for practice which was not linked to academic levels, in some of these all practice was rated at the 'practice level', while others rated a proportion at the practice level and a proportion at different academic levels. Most programmes also followed the CNAA model of 120 credits for the equivalent of each year of a standard three-year undergraduate programme, although one had 30 credits per year.

The number of academic credits for a particular award also varied in some programme areas. Programmes leading to either a degree in specialist practice in community nursing or the ENB Higher Award were largely consistent in the number of credits awarded, following the CNAA model for a standard degree. Most pre-registration diploma programmes awarded 240 credits (120 at level 1 and 120 at level 2). While several included foundation level credits, in a number of instances it was stressed that only levels 1 and 2 contributed to the award. A small number of pre-registration diploma programmes also included 30-60 level 3 credits in the final year, leading to an 'advanced' diploma in nursing or midwifery.

The picture amongst pre-registration degree programmes was more complex, partly because the analysis included both three- and four-year programmes. In those which appeared to be based on the CNAA scheme of three academic levels (n=13) the number of credits varied between 360 and 480, but this did not necessarily correlate with the number of years of the programme. Although some three-year programmes awarded 360 credits and four-year programmes 480 credits, other three-year programmes awarded up to 480 credits and four-year programmes awarded 360 credits. In a number of programmes credits were unevenly allocated between years of the programme, both in respect of the number and level of credits. Figure 4.1 shows two examples of the variations.

**Example 1 Three-year pre-registration degree in midwifery: total 435 credits**

Year 1: 135 credits at level 1
Year 2: 150 credits at level 2
Year 3: 150 credits at level 3

**Example 2 Three-year pre-registration degree in nursing: total 460 credits**

Year 1: 130 credits at level 1
Year 2: 90 credits at level 1, 40 credits at level 2/3
Year 3: 200 credits at level 2/3

Figure 4.1: Examples of the allocation of credits to levels and years in pre-registration degree programmes

These anomalies were explored at interview and appeared to arise as a result both of the length of the programmes (a four-year instead of a standard three-year degree programme), and the statutory number of hours of theory and practice required within a programme. If standard university calculations were applied for determining the number of credits in relation to hours of learning, pre-registration programmes at both diploma and degree level had more than those for an equivalent standard programme offered by the university. As has been indicated, in the diploma programmes this was often overcome by creating a foundation level and/or by

allocating some level 3 credits. However, these options were not appropriate in degree programmes, so a variety of approaches were taken to calculating credit in relation to hours of learning in an attempt to accommodate the excess curriculum hours.

There was some variation in how CAT schemes calculated the credit awarded to a particular module. The CNAA model was based on a total notional number of hours of learning within one year of a standard undergraduate programme, divided by the number of credits awarded for that year. For example, if the number of hours was 1,200 and the number of credits 120, one credit would be the equivalent of 10 hours of learning. While the number of notional hours linked to one credit varied between institutions, most programmes had in common the principle of linking hours to credit for the taught component of the programme. However, pre-registration programmes include significantly more hours than a standard university programme leading to an equivalent award, so these calculations would result in more credits being generated than for a standard award, even if only theory hours were included. Institutions had developed different approaches to this problem; five models were identified:

- Practice hours were excluded from the calculation in order to contain the number of credits within the university requirements for a particular award.
- Both theory and practice hours were included in the calculation and the total number of credits was increased above that of a standard award of the university in order to accommodate the additional hours.
- Credits for practice were calculated on a different basis than those for theory, by establishing a ratio to determine equivalence between theory and practice hours – such as three practice hours equalling one theory hour, or translating practice hours into an equivalent number of theory hours – for example a 37-hour week in a practice setting equating with ten hours of 'intellectual activity'.
- Although practice hours were included in the module specification they were not included in the calculation of credits.
- Practice was not linked to specific modules but was awarded a notional number of credits outside a modular scheme.

In addition to differences in CAT schemes, there was variation in respect of what constituted a module/unit of learning. Most programmes based on a CAT scheme divided the curriculum into modules addressing a particular topic, with some double and triple modules. However, three programmes which claimed to be based on a CAT scheme described a module as *all* learning occurring within a semester, including taught topics and practice-based learning; the number of hours per module appeared to be a simple division of curriculum hours for theory and practice by semesters in the programme, with credits allocated *pro rata* to each semester.

The wide variation in the number of credits at any one level contributing towards a particular programme make the transfer of credit a complex process; this will be discussed further in Chapter 6. However, credits and levels are pertinent, not only in respect of their contribution to a final award, but also in terms of progression within an award.

## 4.4 Identifying level descriptors and the relationship of levels to progression

Documents were scrutinised in order to identify the different ways in which levels were conceptualised and descriptors used to define levels. It appeared that the notion of levels could be viewed from four perspectives:

- The outcome of a programme leading to a particular award. Thus diploma level was differentiated from degree level. A number of level descriptors explicitly referred to the relevant award by identifying the characteristics of, for example, a graduate nurse.
- Points of progression within an award. In many instances this referred to progression between academic levels within a degree programme, but might also refer to levels of progression associated with practice. The characteristics of each level, academic or practice, were defined in the level descriptors.
- An accumulation of credits. In this case levels were important only in linking a specified number of credits to a programme component. A pre-registration diploma programme referred to 120 credits for levels 1 and 2, but made no attempt to differentiate between the two.
- Levels were also referred to in grading systems and specified in marking criteria.

In some programmes the theoretical and practice components were subsumed under a general notion of academic level, whereby either the academic outcome of the award (e.g. a graduate nurse), or the stages of academic progression (e.g. level 1), had a set of descriptors detailing the characteristics of the level(s). Although the focus of the descriptors varied between programmes, they normally referred to aspects of practice in addition to the more traditional educational elements.

Other programmes differentiated more explicitly between academic and practice levels, often with separate descriptors. Academic levels referred to a taxonomy of awards or levels within a CAT framework, but practice levels were often more complex and specific. For example, a one-year degree programme leading to a specialist practitioner in community nursing qualification for students already possessing a diploma was academically at level 3, but students were expected to progress through four practice levels. The focus of the two types of level descriptors were also different: academic descriptors were concerned primarily with an academic award, whereas practice levels were concerned with the achievement of specific practice learning outcomes.

Analysis of academic and practice level descriptors revealed not just variation between the two types of level, but also in the way each type was defined. Level descriptors varied between institutions and in terms of specificity and focus. However, they had in common a concern with identifying some form of judgmental hierarchy through which the characteristics of different levels could be discerned. In analysing the descriptors, the characteristics of both academic and practice levels were identified and grouped into categories. Academic level descriptors have been presented separately from practice level descriptors, although they did share some characteristics. Academic descriptors frequently referred to the application of theory to practice, while practice descriptors often referred to the knowledge and cognitive processes used in practice. The characteristics of each type of level will be presented in turn.

## 4.5 Academic level descriptors

### 4.5.1 Levels and awards

Some academic level descriptors were brief and referred to level only within the context of a CAT framework. Different levels were equated with particular years of a programme and linked to specific academic awards. Examples of this type of descriptor from three programmes are shown below. These and subsequent quotes have been coded to identify the programme from which they are drawn.

*'Level 1 modules are designed principally for first-year students'* (pre-registration degree in nursing, 3.5).

*'Level 2 is equivalent to the second year of a full-time degree course'* (pre-registration diploma in nursing, 1.10).

*'Level 3 is the standard normally encountered in the final year of a full-time three-year degree or honours degree'* (Higher Award, 5.3).

These descriptors were generic ones used throughout the institution, and in a number of programmes no further detail was provided of the characteristics of levels. However, in these programmes the learning outcomes for particular modules and the grading criteria for written course work generally indicated the standard of performance required of students. Furthermore, these programmes often had well-developed frameworks for defining practice levels.

### 4.5.2 Characteristics of academic level descriptors

A large proportion of programmes had developed academic level descriptors to specify characteristics of each level and related them to the programme's professional focus. The characteristics of these descriptors were identified in order to consider the variation between descriptors at a particular level and the differences between levels. There was considerable variation in the characteristics referred to; some descriptors referred to just one or two whereas others provided a more comprehensive account of a number of characteristics. For ease of presentation we have attempted to group the most commonly occurring characteristics, although there may be some overlap between categories.

#### Technical knowledge

Winter (1993b) refers to the development of technical knowledge within a hierarchy of academic levels that involves progression from a restricted to a comprehensive knowledge base. Several level descriptors referred to the incremental development of technical knowledge to inform practice. Progression was seen in terms of development from understanding the fundamental principles of technical knowledge for a professional group to more comprehensive and detailed understanding of the integration of various disciplines into a body of professional knowledge.

*'Level 1 provides the conceptual foundations'* (pre-registration degree in nursing, 3.7).

*'Level 1 encompasses fundamental knowledge and skills appropriate to professional practice.*
*Level 2 involves the study of theory and practice at greater depth and breadth. This is achieved by the extension of knowledge through the use of appropriate conceptual frameworks and research'* (Higher Award, 5.5).

*'Level 3 requires a comprehensive knowledge of the specialism of nursing in depth'* (community nursing degree programme, 6.4).

*'Level 1 – The student has a growing knowledge base in relation to professional knowledge.*
*Level 3 – The student is able more fully to integrate and evaluate the contribution of other disciplines to midwifery theory and practice'*
(pre-registration degree in midwifery, 4.4).

Technical knowledge was not viewed in isolation from professional practice and often included reference to research. In a small number of programmes the difference between diplomate and graduate practitioners was conceptualised in terms of graduates' ability to

undertake research. This may be on account of the requirement of many undergraduate programmes for students to undertake a piece of independent study, which often takes the form a small piece of empirical research.

## Cognitive processes

Considerable and varied reference was made to cognitive descriptors. The most commonly identified framework was Bloom's (1956) taxonomy of educational objectives; in some instances this was applied sequentially, to demonstrate progression from lower to higher order cognitive processes. Often level 1 was concerned with knowledge and comprehension, progressing to analysis at level 2. Although synthesis was introduced into some level 2 descriptors, it generally featured in level 3, together with evaluation. Links were often made between technical knowledge and cognitive processes.

> *'At level 1 the student is exposed to basic knowledge regarding theory and emphasis will be largely on description.*
> *At level 2 the student builds upon the theoretical base established at level 1 and displays an ability to question and critically analyse issues'*
> (pre-registration diploma in midwifery, 2.2).

> *'Level 3: The student demonstrates an ability to seek out, analyse and evaluate competing theories or methods of working in a critically constructive open manner'* (pre-registration degree in nursing, 3.1).

> *'Level 1: a concern mostly with knowledge and understanding.*
> *Level 2: a concern mostly with knowledge, understanding and application with elements of analysis and synthesis being introduced.*
> *Level 3: a concern mostly with the use of knowledge and independent reasoning and deduction'* (pre-registration degree in nursing, 3.9).

Although it is often interpreted in a hierarchical way, Winter (1993b) points out that Bloom did not intend the taxonomy to be used as a chronological sequence of long-term stages of learning, but as a strategy for grading work at *any* educational level. As such, it does not provide *'a conceptual structure of successive hierarchically ordered educational levels, in which satisfactory progress at one level would clearly be differentiated in terms of intellectual functions from satisfactory progress at another level'* (Winter, 1993b p.95). Viewed from this perspective, the attempt evident in a number of level descriptors to impose artificial constraints on cognitive development is inappropriate and could be seen to stifle intellectual growth.

Reference to cognitive processes were not restricted to Bloom's taxonomy. For example, notions of conceptualising, decision-making and problem-solving were also common characteristics.

> *'Level 1: The student is able to recognise different aspects of an issue and begin to resolve informational conflicts.*
> *Level 2: The student is able to understand many sides of a complex issue and resolve informational conflicts.*
> *Level 3: The student is able to critically analyse many sides of a complex issue and resolve informational conflicts'* (pre-registration diploma in midwifery, 2.8).

> *The* diplomate *'is able to recognise consistency and reconcile inconsistency between diverse information using cognitive skills.*
> *The* graduate *is able to recognise consistency and reconcile inconsistencies between diverse information using cognitive and hypothesising skills'*
> (pre-registration degree in nursing, 3.8).

The descriptors quoted above highlight an inconsistency with terminology and specification evident in a number of descriptors. The apparent progression from using *cognitive skills* to recognise consistency and reconcile inconsistency between diverse information at diploma level, to using *cognitive and hypothesising skills* at degree level is problematic in that hypothesising skills can be seen as subordinal to cognitive skills. The cognitive skills required by diplomates were not specified, which makes it difficult to understand the relevance of emphasis placed on one particular cognitive skill (hypothesising).

Possibly in an attempt to avoid some of the difficulties of specification within a structured hierarchy, some descriptors did not differentiate particular cognitive processes in the same detail, but provided a more eclectic overview of a range of cognitive processes in which students were expected to engage at a particular level.

> *'Level 1 involves analysis, problem-solving, decision-making and the application of theory to practice.*
> *Level 2 is epitomised by synthesis and holistic understanding.*
> *Level 3 is characterised by critical evaluation and innovative thinking in the area of professional practice.*
> *Level M is characterised by a creative approach, (the student) should attempt to extend the boundaries of knowledge by developing new theory to guide practice'* (Higher Award, 5.5).

> *'Level 3 involves the ability to devise and evaluate alternative approaches to problems drawing upon knowledge of the discipline/field of study; to compare and contrast different theoretical perspectives, defend and justify own stance.*
> *Level M involves the ability to define, elaborate and defend a thesis, the ability confidently to synthesise novel design solutions, together with the ability to exercise judgement based on incomplete or confused information'* (Higher Award, 5.4).

The descriptors above highlight the cognitive processes attributed to masters level in that creativity – the ability to deal with complex, atypical situations – and the capacity to extend and develop practice were seen as key characteristics.

## Personal autonomy

The degree of personal autonomy required of students at different levels was a feature of a number of descriptors. Many were characterised by progression from dependence to independence as students progressed from level 1 to level 3. Often the descriptors referred to increasing autonomy in the learning process.

> *'Level 1: The student is largely teacher dependent and needs to be guided and fostered.*
> *Level 2: The student is becoming more independent of the teacher and is beginning to direct his/her learning through his/her own resources.*
> *Level 3: The student is largely teacher independent and has developed his/her own resources for learning'* (Higher Award, 5.9).

Explicit reference to autonomy within a descriptor often did not feature until level 3 or, more commonly, masters level, when the emphasis was not only on autonomy in the learning process but often also in relation to professional practice.

*'At M level the practitioner is autonomous and there is professional use of others in supporting self-directed learning'* (Higher Award, 5.4).

*'Level M is characterised by an autonomous and creative approach to professional practice'* (Higher Award, 5.5).

Although autonomy was a common feature of academic level descriptors, its inclusion can be problematic due to its complex nature. James and Redfern (1995) suggest that further clarification is required in order to ensure its validity and reliability as a construct to determine level of performance.

## Relationships with others

A number of descriptors that referred to students' developing autonomy did so within the context of their relationship with others. Again, hierarchical indications of the progressive nature of this characteristic could be seen. In many instances this referred to relationships students developed as part of the learning process.

*'Level 1: The student is likely to be highly dependent on teachers and mentors and is largely dependent on others to structure the learning environment.*
*Level 2: The student begins to learn from others and contributes to the learning needs of others.*
*Level 3: The student becomes independent and interdependent and is able to freely learn from others and act as a role model for others to learn from'*
(pre-registration degree in midwifery, 4.4).

Alternatively, this characteristic referred to students' relationships with colleagues in the practice setting.

*'Level 1: The student is able to communicate with colleagues and participates in a multi-disciplinary team approach to care.*
*Level 2: The student is able to undertake purposeful communication with colleagues and participates in a multi-disciplinary team approach to professional care.*
*Level 3: The student has developed an awareness of self and is able to undertake purposive communication with colleagues and participates in and fosters a multi-disciplinary team approach to professional care'*
(pre-registration diploma in midwifery, 2.8).

Although these descriptors attempt to show progressive development in students' ability to form meaningful relationships with colleagues, the exact nature of the incremental steps is not clear, for example, it is difficult to be precise about the difference between communication (level 1) and purposive communication (level 2). Again, these examples highlight the difficulty of, and raise questions about, the validity and reliability of such criteria in assessing the level of performance.

## Reflective practice

A number of programmes acknowledged the influence of Schön's (1991) work on reflective practice. This was evident in a number of descriptors which identified the progressive development of reflective skills. At level 1 the seeds of reflection were being sown but students were not generally expected to demonstrate more advanced reflection until the higher levels.

*'Level 1 … beginning self-reflection on strengths and weaknesses, developing consciousness of own levels of competence and incompetence.*
*Level 2 … awareness of the scope of tasks, beginning to use tools of self-reflection and appraisal of self and others.*
*Level 3 … the ability to reflect on strengths and weaknesses and to assess own work, the ability to make formative self-assessments.*
*Level M … entails habitual reflection and appraisal, the ability to articulate plans to remedy shortfalls, can accept other's evaluations and act on them'* (Higher Award, 5.4)

The above descriptors refer to the contribution of reflection to self-knowledge and personal growth. However, in some instances, reflection was extended to the self-knowledge that individuals bring to practice, and its impact on their relationships with others.

*'Level 1: The student is able to analyse their own performance and identify their learning needs. They are able to reflect upon the value of professional experiences and improve upon their practice in the light of these experiences.*
*Level 2: The student is able to evaluate personal performance and identify future learning needs – is able to analyse and reflect upon the value of professional experiences and improve upon their own and other's professional practice in the light of these experiences.*
*Level 3: The student is able to reflect in and on action and identify their future learning needs and act autonomously to achieve those needs – the student is able rapidly to analyse, reflect upon and evaluate the value of professional experiences and improve upon and further their own and others' professional experience in the light of their extensive knowledge base and these experiences'* (pre-registration degree in nursing, 2.1)

## Application of professional knowledge and development of professional competence

Descriptors placed varying degrees of emphasis on the extent to which students were expected to apply theory to practice at different levels. In some instances the descriptors were brief and fairly simple, and linked technical knowledge and practice.

*'Level 1 … appreciates the need for the knowledgeable doer.*
*Level 3 … can make excellent use of available knowledge as a means of informing midwifery practice'* (pre-registration degree in midwifery, 4.4)

In others, there was more detailed reference to the particular attributes students were expected to demonstrate in relating theory to practice.

*'Level 1 … recognises the need for an holistic approach in meeting the needs of the patient and bases emerging professional practice on theoretically sound and validated processes.*
*Level 2 … is competent in utilising an holistic approach to meeting the needs of individual patients – professional practice is based on theoretically sound and validated processes.*
*Level 3 … is competent at an advanced level utilising an holistic approach to meeting individual needs – professional practice is based on theoretically sound and validated processes, is capable of creative thought and able to act as an agent of change'* (pre-registration diploma in midwifery, 2.8)

*'Level 3 … the capacity to initiate flexible and creative professional interventions within a sound theoretical basis'*

(degree in specialist practice in community nursing, 6.4).

The above examples highlight that although an analysis of level descriptors is useful in revealing the different characteristics they include, these characteristics are often inter-related within a particular descriptor. Technical knowledge, cognitive processes, autonomy, application of theory to practice and professional competence are all either explicitly or implicitly referred to in the examples cited above. However, although the use of multiple characteristics within a single descriptor highlights the complexity of explaining the development of professional competence within an academic framework, it raises potential difficulties, most importantly in terms of integrating the different constituents at each level. In a number of descriptors a particular characteristic was not followed through at each level. However, Winter (1993b) cautions that there is a risk that *'a combination of heterogeneous hierarchies may generate contradictory indicators, such that a category apparently identifying a given level in one constituent dimension could easily be thought to identify a higher or lower level in another dimension'* (p92).

### 4.5.3 Pre- and post-registration academic levels

In addition to hierarchical differences in the characteristics of academic levels, one programme sought to differentiate between levels as they related to pre- and post-registration programmes. The characteristics of the different descriptors for a particular level where based on a belief that there were differences between how qualified practitioners and students perform and understand their role. These were seen to be evident in decreasing dependence on others to structure learning and practice. In the example below, qualified practitioners are already expected to demonstrate a degree of autonomy at level 1 which is similar to that expected of a pre-registration undergraduate student at level 3.

*'Level 1 pre-registration – relationships are characterised by dependence.*
*Level 1 post-registration – relationships are characterised by boundaried [sic], emergent autonomy.*
*Level 3 pre-registration – relationships are characterised by diminishing dependence and reliance with emergent autonomy.*
*Level 3 post-registration – relationships are characterised by boundaried [sic] autonomy'* (Higher Award, 5.1).

Again, these differences were evident in students' required ability to construct knowledge from practice. In a pre-registration programme they begin to develop practice knowledge at level 1 whereas, qualified practitioners are already seen to be capable of constructing practice knowledge from their professional experience. This differentiation at level 1 is also manifest at level 3.

*'Level 1 pre-registration – beginning to build practice knowledge.*
*Level 3 pre-registration – construction of practice knowledge at a more detailed level.*
*Level 1 post-registration – additional development of practice knowledge at a more detailed level.*
*Level 3 post-registration – ability to deconstruct practice knowledge and generate contextual knowledge'* (Higher Award, 5.1).

While this differentiation may be a useful means of acknowledging the differences between the level at which pre- and post-registration students debate the relationship of theory to practice, it raises issues about standardisation across particular academic levels.

### 4.5.4 Practice level descriptors

The descriptors used to define progression in respect of developing professional expertise in the practice setting contained several characteristics featured in the academic level descriptors. There was often reference to students' knowledge base and its relationship to their developing professional competence, the cognitive processes students engaged in while applying theory to practice, the role of reflection on and in practice in promoting self-awareness and personal and professional growth, and to students' developing autonomy. However, many practice level descriptors also referred to the development of care-giving skills, for example:

> *'Level A … fundamental skills developed for the safe delivery of care.'*
>
> (pre-registration degree in midwifery, 4.4)

> *'Level 1 – Has an appreciation of the skills required.*
> *Level 2 – Demonstrates some skills, requires further practice.*
> *Level 3 – Skilled performance.*
> *Level 4 – Skilled performance. Can teach/supervise others'*
>
> (pre-registration diploma in nursing, 1.2).

The above descriptors also identify the different structures associated with practice levels. Although four practice levels are identified, they relate to a diploma programme offered at academic levels 1 and 2. In this programme, as in many others, there was no direct correlation between academic and practice levels.

Often the descriptor referred to the manual dexterity required to perform psychomotor skills (Figure 4.2). However, this was not solely related to the performance of the skill *per se*, but also to developing confidence in performing it, and the ability to look beyond its performance to the context in which it took place.

> *'Year 1 – the student can complete a set of tasks in a straightforward way but still lacks confidence in organising their practice skills. It is a lack of knowledge that may be the main cause of a lack of confidence.*
> *Year 2 – the student's practical skills are developing so that they are not simply completing a task but are beginning to think of others with whom they are working. Although the student can organise their practical skills they may not yet be able to identify priorities.*
> *Year 3 – The student can use their practical skills appropriately, but at times are still thinking of meeting their own need to get things right rather than thinking of what others need. They will do things responsibly and well if they are written down or planned, or someone suggests that they do them.*
> *Year 4 – The student can complete the required work in a given time and has the ability to assess the priorities within that work. They can show extra consideration in carrying out their work by appreciating the importance of other people's personal preferences. They can demonstrate these skills but may not be able to pass them on to others'*
>
> (pre-registration degree programme in nursing, 3.3).

Descriptors often referred to a collectivity of care-giving skills, for example, interpersonal and communication, organisational, decision-making, team work, and teaching skills, and, in a similar format to that cited above, highlighted the process of progression during a programme.

Progression within practice levels was focused not so much on the nature of the academic award, but on the fulfilment of stated professional requirements. For example in the case of a pre-registration diploma programme, the practice level to be achieved in the final year of the programme required students to *'achieve all midwifery competencies as per UKCC regulations'* (2.3).

**Stage 1 – year 1**

The manual skills of nursing are often performed through direct imitation. Spontaneity and dexterity may be lacking due to the student's need to concentrate on rules and order of the observed behaviour or skill, this may subsequently result in somewhat limited practice. At this stage, the practitioners will generally have had little or no experience of the situations in which they are expected to perform. They will be able to recall a wide range of facts and information which can usually be explained or summarised. However, this information will often be seen in isolation and therefore underpins practice which is predominately task centred. They find difficulty in prioritising care and may be unable to adapt to changing circumstances.

**Stage 2 – year 2**

The practitioner will now begin to formulate principles, based on previous experience, in order to direct practice. Client care is enhanced by the ability to apply knowledge from specific situations to other similar situations, and the acknowledgement of the importance of research findings. Thus knowledge and skills start to become transferable and underpin an holistic approach to care. There will be times when the nurse has to think about things as they are done, which will lead to practice often being deliberate rather than fluent. Depending on the individual's experience at this stage, the ability to prioritise care for a range of patients/clients is still developing but should show evidence of personal development, time management and organisation of their own workload. The practitioner should now be able to function effectively in a team and participate in a multi-professional approach towards the provision and evaluation of their patients'/clients' care.

**Stage 3 – year 3**

At this stage, practitioners are able to assess the multiple needs of many situations and be more flexible and adaptable in their approach to the subsequent planning and prioritisation of care. The practitioners use their knowledge base and appreciation of relevant research to inform practice. The multi-disciplinary nature of health care is acknowledged whilst being able to explicate their unique role within the team. They perform skills that are co-ordinated in their execution, thus ultimately enhancing the holistic nature of care provided for their patients/clients. They may continue to be conscious and deliberate in the way they plan and give care, but the overall quality of work will be efficient and organised, requiring limited supervision. The results of practice are critically evaluated both on a personal and a multi-disciplinary level, with subsequent provision of high quality, research-based, individualised care.

Figure 4.2: Definition of practice levels: pre-registration degree in nursing (3.8)

While there was relative consistency in the approach to categorising academic levels within a CAT framework of levels, there was wide variation in the interpretation of practice levels. In the simplest form, levels often equated with years of a programme and in some cases there were clear links with academic levels. Students were required to demonstrate progression in terms of developing professional expertise, and the characteristics of performance in each year were specified. The degree of detail varied considerably from very brief to discursive descriptors.

In addition to a model of practice levels based on the years of a programme, a number of frameworks influenced the structure and focus of practice levels. These were grouped into four categories: experiential commitment; professional competence/expertise; personal and professional autonomy; the role of students.

Twelve programmes (Table 4.3) explicitly referred to the five stages of Steinaker and Bell's (1979) experiential taxonomy. In some instances students progressed through the stages sequentially, each being linked to a particular placement setting.

> 'Exposure … *the student has some knowledge of concepts, terms and methods used in clinical practice and shows willingness to participate.*
> Participation … *the student interacts with clients, repeats activities under direct supervision, explains activities when questioned.*
> Identification … *allies theory to practice, demonstrates awareness of situations by identifying sources and resources.*
> Internalisation … *consistently applies theory to practice in a variety of settings with different clients, compares and contrasts different approaches to practice, determines implications for practice, solves problems by analysis and evaluation, shows willingness to share experiences'*
> (pre-registration diploma in nursing, 1.11).

In others, the stages were grouped and linked with particular years of a programme. However, in addition to referring to the stages of Steinaker and Bell's taxonomy, the descriptors often referred to other characteristics, for example, the application of theory to practice, reflection and developing autonomy.

> *'Level 1 (year 1)* – exposes *students to the concepts of midwifery care in its widest sense so that they can become familiar with the midwifery practitioner role they will ultimately adopt. The student is then encouraged to* participate *in care and relate the application of theory to practice in the light of their own clinical experience.*
> *Level 2 (year 2) – the student will further develop the application of theory to practice through an exploration of the different theories of care required in diverse situations. The students will* identify *and* internalise *the knowledge learned and using this, reflect on their own values and attitudes in giving care. This requires a degree of independence and an ability to analyse and criticise care.*
> *Level 3 (year 3) – the student will develop their increasing management and leadership skills by* internalising *theory and practice and must* disseminate *these added dimensions to other learners and the patients in their care. This level of competency must reflect a student who accepts responsibility and accountability for their own practice and future professional development'* (pre-registration diploma in midwifery, 2.4).

## Professional competence/expertise

Six programmes (Table 4.3) adapted Benner's (1984) professional framework to structure practice levels. The stages were presented sequentially, with students progressing through each in turn. However, there was marked variation in the interpretation of the five stages within programmes. In most pre-registration programmes, students progressed through the stages of novice to advanced beginner and then competent, with some increasing the number of stages between novice and competent (for example, Table 4.5).

| Level | | Quality of performance |
|---|---|---|
| 1 | Novice | Excess time and energy expended<br>Lacks confidence and co-ordination<br>Performance halting and lacks fluidity<br>Rarely attends to the individual<br>Rarely able to demonstrate skill |
| 2 | Novice | Considerable time required to complete activity<br>Some degree of confidence<br>Beginning to focus upon the individual and their needs |
| 3 | Advanced beginner | Skilful and co-ordinated<br>Confident<br>Focuses on individual, but distracted if activity is complex |
| 4 | Competent | Skilful and co-ordinated<br>Confident<br>Focuses on the individual and responds to subtle cues<br>Identifies long range goals<br>Seeks occasional supervision and direction appropriately |

Table 4.5: The use of Benner's framework of professional expertise in defining practice levels within a pre-registration diploma in nursing programme (1.4)

Most programmes equated competence with achievement of the learning outcomes specified by the UKCC, although a few expected students to move beyond competence to demonstrate proficiency. However, what is important in these examples is not so much the label attributed to a particular level but rather the descriptors defining the label. Variation in the characteristics of a particular stage indicated that direct comparisons between programmes could not readily be made.

While most programmes required students to progress through three or four stages during a three- or four-year programme, one community nursing programme identified four stages through which they might progress during the one-year programme at academic level 3.

> 'Novice: *rigid adherence to taught rules or plans, little experience of the situation, no discretionary judgement.*
> Advanced beginner: *demonstrates acceptable performance and uses previous experience to guide actions, all attributes and aspects are treated separately and given equal importance.*
> Competence: *has mastered and copes with a variety of situations experienced in practice, sees actions partially in terms of longer-term goals, conscious deliberate planning taking place, able to work with standardised and routinised procedures.*
> Proficient: *sees situations holistically rather than as separate aspects, sees what is most important in a situation, perceives deviations from the normal pattern, decision-making is less laboured*'
> (specialist practitioner community nursing degree, 6.2).

Benner's taxonomy was originally developed as a framework for considering professional expertise at a post-qualification level, and it is interesting to note its adaptation in the pre-registration context. Although it may be useful for defining progression within a professional programme, Benner's definitions of each level are not directly relevant to pre-registration education. The subsequent diversity in its interpretation in both pre- and post-registration programmes highlights the lack of standardisation in defining practice levels.

As well as referring to the development of personal and professional autonomy, some descriptors were structured on a continuum identifying increasing autonomy. The example below indicates three stages students are expected to progress through during a one-year community nursing degree programme.

> 'Dependence – *The student requires assistance, guidance and direction from the mentor to examine existing and new areas of practice.*
> Independence – *The student has the ability and confidence to use (his/her) own resources: personal and professional growth is recognised by the student.*
> Interdependence – *The student is self reliant, has confidence in (his/her) own personal and professional role to analyse and respond to health needs; the value of personal and professional contributions of others is recognised; the student is able to successfully work with people*'
> (degree in specialist practitioner community nursing, 6.4).

However, the notion of developing autonomy was also evident in descriptors at pre-registration level. The example below contrasts markedly with that above in the degree of detail provided.

> '*Level 1: The student has observed or been orientated to.*
> *Level 2: The student is able to participate and assist in.*
> *Level 3: The student is able to do this with close supervision.*
> *Level 4: The student can do this independently in a safe and competent manner with indirect supervision.*
> *Level 5: The student can demonstrate this to others with minimal supervision*' (pre-registration diploma in midwifery, 2.7).

## The role of students

A final framework for structuring practice levels focused on the student's role in practice, and appeared to be based on the stages proposed by the Board in its guidelines for the development of DipHE programmes (ENB, 1989), which identify the stages of beginner, knowledgeable observer, supervised participant and accountable practitioner. In some programmes these headings were used directly to structure the level descriptors, in others they were subject to interpretation and often formed a hierarchical structure upon which more detailed descriptors were framed. For example:

> 'Observer/helper: *the student requires direct supervision and learns by observing others.*
> Participant observer: *the student is able to perform simple caring activities under supervision, the student learns from observing then undertaking activities usually carried out by others.*
> Supervised participant: *the student is able to adapt and apply nursing practice in a variety of settings, the student works as a member of the nursing team under direct supervision and learns through observation and practice.*
> Assistant to first level nurse: *the student works as a member of the health care team, displaying skills of initiative and organisation*'
> (pre-registration degree in nursing, 3.5).

Whilst the above analysis has sought to differentiate between approaches to defining practice levels, some of the level descriptors clearly linked more than one approach. Furthermore, some programmes adopted a more eclectic approach, making explicit not only the links between different approaches to defining practice levels, but also the links with academic levels. Table 4.6 provides an example.

| Practice level | Experience | Role | Skills | Academic level |
|---|---|---|---|---|
| 1 | Exposure | Observer | Novice | 1 |
| 2 | Participation | Dependent | Novice | 1 |
| 3 | Identification | Supervised | Advanced beginner | 2/3 |
| 4 | Identification | Support | Advanced beginner | 2/3 |
| 5 | Dissemination | Independent | Competent | 2/3 |

Table 4.6: The relationship between Steinaker and Bell's taxonomy, Benner's notion of novice to expert and university academic levels in a pre-registration degree programme in midwifery (47)

However, as Table 4.6 illustrates there may not be a direct correlation between the different academic and practice levels where both feature within a curriculum.

## 4.6 Approaches to the assessment of practice

In order to consider the assessment of practice at diploma, degree and postgraduate levels it is important to be clear about what exactly constitutes the assessment of practice. The documentation was therefore examined in order to identify the different approaches taken to assessment. There was a degree of variation between programmes leading to the same award and between approaches taken in different awards, but two approaches were discernible:

- assessment based on the direct observation of students' performance in practice
- assessment of written documentary evidence of performance in practice.

The assessment of practice based on direct observation was a feature of all programmes except some which led to the Higher Award. Assessment focused on students' ability to demonstrate achievement of specific learning outcomes, and generally included a discussion of the knowledge base underpinning performance. All the assessment schemes were linked to the learning outcomes specified by the UKCC; in some instances, especially with the community nursing programmes, these outcomes were assessed directly on the basis of achieving certain performance criteria; in others, the statutory outcomes were broken down into more detailed ones, often relating to key elements of practice. Sometimes the same learning outcomes were used throughout the programme, with students being required to demonstrate performance at a higher level as they progressed; alternatively, outcomes were specific to a particular part of the programme or placement. In some instances a hybrid approach was adopted, combining core learning outcomes with placement-specific ones. In addition to, or as part of, the specified learning outcomes, students were also required to demonstrate their ability to perform specific skills in order to meet statutory requirements.

Written documentary evidence of performance in practice could take a variety of forms but often comprised a portfolio in which students collected different types of evidence relating to their practice. In several programmes, the portfolio comprised a learning contract drawn up between students, and their academic tutor and/or practice assessor. It usually provided details of what students sought to achieve in a particular placement, an action plan and the

support they would require. Portfolios usually included written evidence of students' achievement of the learning outcomes provided by the students themselves or qualified practitioners who had worked with them. The majority of programmes also required students to keep a written reflective account of their learning in practice, often in the form of a diary or critical incident report.

With the exception of programmes leading to the Higher Award, all referred to students being assessed through direct observation by a practice assessor. A number also required students to complete a learning portfolio which was then assessed. In one pre-registration programme, assessment was modelled on the NVQ approach, with students collecting evidence from a range of sources which were then verified by their practice assessor and academic tutor.

Of the eight programmes leading to the Higher Award, only two made explicit reference to assessing students' performance by direct observation of practice. The remaining six required them to demonstrate their achievements by producing evidence in the form of a portfolio. This was usually based on a learning contract detailing how they intended to achieve the learning outcomes for the 10 key characteristics of the award. Students were then required to collate evidence from a variety of sources to be presented for assessment. In some programmes, the main focus of the assessment appeared to be a written integrative study focusing on how the 10 key characteristics were applied to practice. Of the two programmes which assessed students' performance in practice by direct observation, assessment was linked to specific practice-based modules. However, the learning outcomes for these modules did not refer to all 10 key characteristics and it was difficult to ascertain how many would be assessed by direct observation.

One reason why the Higher Award programmes appear to place less emphasis on the assessment of direct practice may be that in a number of instances, students only register for the award having completed the requisite number of level 2 credits. Students can only be indexed for the award for a maximum of five years; at interview, respondents indicated that this was insufficient to allow students to complete both level 2 and level 3 studies. Most programmes therefore allowed students to index for the award only when they progressed to level 3. Several programmes contained only level 3 modules, whereas most clinical modules relating to specialist practice were offered at level 2 and did not feature in detail in the Higher Award documentation.

In recognising the inter-relationship of theory and practice, we were also interested in the relationship of the assessment of these two components. With the exception of the Higher Award, where the boundaries were more blurred, all programmes identified separate strategies for the assessment of theory and practice. However, most curricula contained explicit statements about the close relationship between the assessment of theory and practice, and stated that the assessment of practice by direct observation required students to demonstrate the knowledge underpinning their practice in addition to the appropriate skills and attitudes. In completing the learning portfolios, students were required to demonstrate how theory informed their practice. In many programmes the assessment of theory also required students to draw upon practice in written course work. However, the extent to which written accounts provide evidence of what students believe they would do, as opposed to what they may actually do, raises questions about the validity of these methods in assessing practice. The disparity between students' performance in theory and in practice was highlighted over 20 years ago by Bendall (1975) and the issue still arises of the relative merits of assessing the relationship between theory and practice through written course work or through direct observation.

## 4.7 Credit-rating of practice

Although the Board stipulates that institutions should work towards establishing parity between the assessment of theory and of practice in that *'equal value and accreditation is given to the assessment of both theory and practice'* (ENB, 1995 p5.5), it does not expand upon what is meant by parity. The documentary analysis suggested two possible interpretations.

- Parity appeared to be viewed qualitatively, with programmes declaring that equal value was given to the assessment of theory and of practice in a variety of ways.
- Alternatively, parity could be viewed quantitatively in terms of the proportion of credits allocated for theory and for practice; in some instances this extended to the allocation of an equal number of credits to both components.

In respect of the first position, a number of programmes stated the central importance of practice within the curriculum and the close inter-relationship between theory and practice. In some cases this was emphasised by an approximately equal number of hours being attributed to theory and practice. Finally, some programmes stressed that parity between the assessment of theory and practice was achieved through the requirement that both components be passed in order to gain the award.

In respect of the second position, we were interested to ascertain the extent to which programmes awarded specific credits for practice-based learning, although we recognised that some older curricula were less likely to award credits for practice. In the interviews it became clear that a number of programmes had been validated by a university before it had a well established CAT scheme. Of the documents analysed, 13 either had no CAT scheme, and thereby no means of awarding credits, or awarded credits to large parts of the programme, rather than to specific components (Table 4.4). The remaining 35 programmes all had CAT schemes and therefore the potential to award credits for practice. Four approaches were identified to awarding credits for practice:

- Awarding credits for practice-based modules undertaken solely in practice settings.
- Linking theory and practice, with practice forming a constituent part of a taught module, and a clear statement given of the proportion of credits awarded for practice and for theory in each module.
- Incorporating a combination of separate practice-based modules and modules linking the taught component with practice.
- Awarding credits for practice placements outside a modular format.

Several programmes, notably those leading to the Higher Award, made more ambiguous statements about the award of credits for theory and practice. Learning outcomes for particular modules referred to expected achievement in both areas; however, students were assessed by means of a written account of practice, and it was unclear how credits for this were apportioned between theory and practice. Table 4.7 presents a breakdown of approaches taken to credit-rating practice.

| Programme | None | Separate practice modules | Practice linked to taught modules | Combination of practice and taught modules | Credit awarded to practice placement | Ambiguous |
|---|---|---|---|---|---|---|
| Pre-registration diploma in nursing (n=11) | 7 | | 2 | | 1 | 1 |
| Pre-registration diploma in midwifery (n=7) | 3 | 1 | 2 | | | 1 |
| Pre-registration degree in nursing (n=9) | 5 | 2 | 1 | | 1 | |
| Pre-registration degree in midwifery (n=7) | 2 | 3 | 1 | 1 | | |
| Specialist practitioner community nursing programmes at degree level (n=6) | 2 | 2 | 1 | 1 | | |
| ENB Higher Award at degree/master's level (n=8) | 1 | 1 | | 1 | | 5 |
| Total | 20 | 9 | 7 | 3 | 2 | 7 |

Table 4.7: Approaches taken to the credit-rating practice

Only three programmes awarded 50% of the credits for a particular award for practice-based learning, of these, two had been awarding this proportion of credit since 1993 and the other had recently been validated (Table 4.8). The majority of programmes that awarded practice credits did so in the range of 10-30% of the total credits, which suggests a reluctance on the part of institutions to award a significant proportion of credits for practice; reasons for this are explored in Chapter 5.

| Programme | Percentage of credits awarded for practice | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 0 | 1-9 | 10-19 | 20-29 | 30-39 | 40-49 | 50+ | Ambiguous |
| Pre-registration diploma in nursing (n=11) | 7 | | | 2 | 1 | | | 1 |
| Pre-registration diploma in midwifery (n=7) | 3 | | 1 | 2 | | | | 1 |
| Pre-registration degree in nursing (n=9) | 5 | | 1 | 1 | | 1 | 1 | |
| Pre-registration degree in midwifery (n=7) | 2 | | 2 | 1 | 1 | | 1 | |
| Specialist practitioner community nursing programmes at degree level (n=6) | 2 | | 2 | | 1 | | 1 | |
| ENB Higher Award at degree/master's level (n=8) | 1 | | 1 | | | | | 6 |
| Total | 20 | 0 | 7 | 6 | 3 | 1 | 3 | 8 |

Table 4.8: Percentage of credits awarded for practice



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There was considerable diversity between programmes in the levels at which practice was accredited. In some, credit was only awarded for practice towards the latter part of a programme; in some, it was awarded only for earlier parts; in others credit for practice was awarded at all levels within the award. Few documents explained the rationale behind these decisions, although at interview respondents were able to explain this. Some programmes which accredited practice towards the end did so because only credits at this level would contribute directly to the award. In contrast, in two instances where credits were awarded at level 2 and not at level 3, respondents spoke of the difficulty of determining what constituted level 3 practice and did not consider it appropriate to award credit at this level until they had undertaken further work in defining criteria.

A consideration of the level of credits awarded for practice led to an examination of the grading of practice and its contribution to the classification of an award. As previously mentioned there is potential confusion about what constitutes the assessment of practice. With the exception of six Higher Award programmes, direct performance in practice was assessed. However, only eight programmes appeared to award a grade for direct performance. As Table 4.9 confirms, the majority of programmes assessed the achievement of competence on a pass/fail basis.

| Programme | Grade | Pass/fail | N/A |
|---|---|---|---|
| Pre-registration diploma in nursing (n=11) | | 11 | |
| Pre-registration diploma in midwifery (n=7) | | 7 | |
| Pre-registration degree in nursing (n=9) | 3 | 6 | |
| Pre-registration degree in midwifery (n=7) | 3 | 4 | |
| Specialist practitioner community nursing programmes at degree level (n=6) | 1 | 5 | |
| ENB Higher Award at degree/master's level (n=8) | 1 | 1 | 6 |
| Total | 8 | 34 | 6 |

Table 4.9: Approaches to grading the assessment of practice learning outcomes by direct observation

Not all the curricula included details of the criteria used to grade the assessment of practice by direct observation, and some institutions indicated that these were being developed. However, in curricula which did include criteria for grading direct performance, there were differences in the degree of detail provided. Issues associated with the interpretation and application of criteria for grading direct performance in practice were explored at interview and are considered in the following chapter.

The emphasis that Higher Award programmes placed on the development of a learning portfolio led to an examination of the number of programmes awarding a grade for the portfolio. Five made no explicit reference to grades; of the remaining programmes, although slightly more graded the portfolio in contrast to direct practice, the majority appeared not to award a grade at all (Table 4.10).

| Programme | Grade | Not graded | No reference to portfolio |
|---|---|---|---|
| Pre-registration diploma in nursing (n=11) | | 9 | 2 |
| Pre-registration diploma in midwifery (n=7) | 1 | 5 | 1 |
| Pre-registration degree in nursing (n=9) | 4 | 5 | |
| Pre-registration degree in midwifery (n=7) | 2 | 5 | 1 |
| Specialist practitioner community nursing programmes at degree level (n=6) | 2 | 4 | |
| ENB Higher Award at degree/master's level (n=8) | 1 | 5 | 1 |
| Total | 10 | 33 | 5 |

Table 4.10: Programmes awarding a grade for practice learning portfolios

It could be argued that grading becomes significant mainly in programmes leading to an honours degree by contributing towards the degree classification. It is therefore perhaps understandable that only one diploma programme awarded a grade for the practice portfolio and none did for direct practice.

On the basis of the documentary analysis it appears that in the small number of programmes (n=3) which awarded a substantial number of credits for practice and a grade for either direct practice or the portfolio, the assessment of practice makes a significant contribution to the award. However, although 20 (42%) of the programmes made explicit reference to awarding credits for practice-based learning, there is at present little evidence of equal value being given to the accreditation of theory and of practice if parity is viewed solely in quantitative terms.

## 4.8 Conclusion

Although the main focus of this chapter has been to map the range of criteria used to discriminate between practice at different levels, the analysis has been placed within the context of other factors influencing the assessment of practice. The key findings are summarised below.

i. Various interpretations were placed on the notion of levels. They could be viewed as an outcome of an award, points of progression within an award, in relation to grading, or be associated with the allocation of credits.

ii. Two main categories of level were identified: academic and practice. Academic level descriptors focused primarily on intellectual abilities, whereas practice level descriptors were concerned primarily with achievement of statutory competencies. However, there was overlap, and in some instances practice level descriptors were subsumed within general academic level descriptors.

iii. There was considerable variation in the characteristics of the different descriptors. However, a number acknowledged the inter-relationship of the different characteristics.

iv. Both academic and practice level descriptors shared the notion of some form of judgemental hierarchy. The use of multiple descriptors within a single level highlighted the complexity of conceptualising progression within an academic or practice framework.

v. A comparison of level descriptors for pre- and post-registration programmes tentatively suggests that different interpretations may be placed on the standard of performance required for a particular level between students undertaking the different programmes.

vi. Although a number of programmes referred to particular educational and professional frameworks to inform curriculum development, there was not always evidence of these featuring throughout the curriculum, particularly in relation to assessment strategies.

vii. Where reference was made to Steinaker and Bell and/or Benner in developing a framework for defining levels in the assessment of practice, varied interpretation of the models and lack of precision in defining concepts made comparisons between sets of level descriptors difficult.

viii. There was considerable variation in the characteristics of CAT schemes, especially at pre-registration level. Inconsistencies in the levels associated with a particular award, the number of credits awarded at different levels, and the total credits required for an award, make credit accumulation and transfer across programmes and institutions difficult.

ix. Two discernible approaches to the assessment of practice were identified: direct observation and indirectly by means of written evidence in the form of a portfolio or written work in which students were required to relate theory to practice.

x. Few programmes awarded a specific grade for the assessment of practice. In the majority, practice was assessed on a pass/fail basis.

xi. The analysis suggests parity in the assessment of theory and practice can be viewed qualitatively or quantitatively. Although just under half of the programmes offered credits for practice, in most of these the proportion of credits awarded for practice was relatively small in contrast to those awarded for theory.

If a conclusion can be drawn from the documentary analysis, it is that inconsistencies and ambiguities surrounding the notion of levels highlighted in the literature review are evident in current curricula. This observation inevitably raises questions about the validity and reliability of existing criteria in differentiating between practice at different levels. However, the documentary analysis is limited in the extent to which it explains the rationale behind the approaches taken to assessment. The following chapter attempts to shed light on these issues by presenting the data arising from interviews undertaken with educators involved with a range of programmes.

## 5.1 Introduction

A substantial number of programmes examined in the study were validated prior to the introduction of the Board's recent assessment policy. This can give an impression that little has been achieved in implementing the policy, yet in informal discussions with educators it became clear that there was considerable activity in this area. A number of institutions whose documentation had been validated some years ago were revising their curricula to take account of these policy changes, but it would not have been completed in time to be included in this analysis. Others whose curricula were 'hot off the press' shared documents submitted for validation but pointed out that the work in defining the criteria discriminating between assessment at different academic levels had not been completed. This highlights an inadequacy of documentary analysis; although it gives a snapshot of current provision, it says little of the developmental work supporting curriculum design or the issues that educators face in its implementation. It is also acknowledged that documentation provides an official account of curricula rather than the practicalities of implementation.

In an attempt to overcome these problems, the final stage of the study involved a series of semi-structured interviews with educators in institutions which had adopted different approaches to the assessment of practice. The respondents held a variety of academic posts and were actively involved in the development and/or implementation of the curricula concerned. The purpose behind the interviews was two-fold:

- to clarify aspects of the documentary analysis
- to discuss some of the issues faced by institutions and programme teams in developing and implementing strategies for the assessment of practice.

The interviews explored 18 programmes spread between the six areas concerned. All except one programme awarded credits for practice-based learning. The exception was a four-year pre-registration undergraduate nursing degree programme that incorporated an unusual approach to determining levels in assessing practice which, while not linked to academic levels, provided a sensitive measure of progression through the programme.

Five key issues relating to the assessment of practice were identified:

- There were fundamental, and at times opposing, academic and professional concerns regarding the assessment of practice and the implementation of the Board's policy. These related to issues of parity, awarding credits, determining academic levels, and awarding a grade for practice.
- There were concerns about the expertise, preparation and support of practice assessors.
- Issues concerning the role of academic staff in respect of the assessment of practice were raised.
- The impact of university regulations on developments in the assessment of practice was an issue for all interviewees.
- There was concern regarding the validity and reliability of the assessment process.

## 5.2 Academic and professional concerns

There was unanimous acknowledgement of the importance of practice in nursing and midwifery education. Theory and practice were seen to be inextricably linked in the aims and learning outcomes of the programmes and curriculum content, and through planned learning experiences and the assessment of performance. There was also unanimous agreement that if students did not achieve an acceptable standard in practice it was inappropriate for them to receive an award with both academic and professional recognition.

### 5.2.1 Parity in the assessment of theory and practice

Although the importance of the assessment of practice was never questioned, there were different interpretations of the Board's policy on parity of accreditation between the assessment of theory and of practice (ENB, 1995). In some instances parity was conceptualised in quantitative terms; some indicated that there should be an equal number of credits for theory and for practice. Others argued that parity should be viewed qualitatively, and reflected in the inter-relationship between theory and practice throughout the curriculum and in the requirement that students demonstrate competence in both areas. In such cases the proportion of credits awarded for theory or practice were seen to be somewhat arbitrary, although several respondents indicated that the allocation of *some* credits for practice gave an important message to the broader academic community that practice was an essential component of nursing and midwifery education. A number of programmes allocated a notional number of credits for practice, either linked to specific practice-based modules or by allocating a proportion of credits to practice in a module comprising both theory and practice. In cases where the number of credits was linked to hours of learning, practice could be seen to be undervalued quantitatively, as it did not attract equivalent credits on a *pro-rata* basis. However, respondents argued that parity is a qualitative issue and a rigid separation and equal allocation of credits to theory and practice only hinders the integration of theory and practice.

There were additional academic concerns regarding parity in the allocation of equal credits for theory and practice and its perceived impact on the academic standing of an award, as one respondent explained:

> *'If the total number of credits for a degree is 360 and you start to award an equal number of credits to theory and to practice on the basis of the number of hours of student learning, then you have to reduce the number of credits awarded for theory. This detracts from the academic focus of the course and could be seen to devalue theory. I am concerned about the message this will give to the academic community. Will nursing degrees become somehow second rate because they award comparatively few credits for theory-based learning?'* (3.3).

The above statement reflects the fundamental concern raised in the literature about the nature of nursing and of academic awards. Although some respondents were unsure how these tensions might be resolved, three programmes were endeavouring to do so while preparing for periodic review. These programmes were attempting to overcome the problem of the relationship of the number of hours of study to the number of credits by integrating more closely the assessment of practice and of theory. A decision had been made not to divide theory and practice into separate modules, but rather to ensure that both featured in each module. Method(s) of assessment would then be determined by the learning outcomes for the particular module, and credits awarded for a combination of the assessment of practice, a portfolio of evidence and written assignments linked closely to practice.

### 5.2.2 Conceptualising levels of practice

Concerns about the allocation of credits for theory and practice were not restricted solely to debates about the proportion to be allocated; more fundamental concerns related to defining levels of practice. Several respondents spoke of the difficulties of trying to define in clear, concise terms diploma, degree and postgraduate levels in relation to practice. Each programme had a framework for assessing progression through what might be termed practice levels, often based on Steinaker and Bell (1979) or Benner (1984), although one was based on a detailed framework of 'new' and 'experienced' practitioner, each with nine sub-levels. However, the problem was not so much with determining progression in relation to performance in practice, but with the relationship between practice levels and academic levels. Some of the difficulty lay with trying to marry the notion of academic levels of practice with statutory requirements for a specific award. In pre-registration programmes students are required to achieve the learning outcomes specified by the UKCC, irrespective of whether they are undertaking a diploma or a degree programme, in order to demonstrate that they are safe and competent practitioners. The problem lay with attempting to distinguish between what constitutes competent practice at diploma and degree level, if indeed this differentiation was appropriate.

Some respondents suggested that the difference lay in the increased problem-solving and analytical skills expected of undergraduate students. However, it was difficult to be precise about how performance would differ when both categories of student were required to reach a uniform standard of competence. It was agreed that in written work, undergraduates would be expected to demonstrate a higher order of intellectual ability, but it was difficult to quantify in measurable terms how they would perform differently in practice from final-year diploma students. It was also difficult to be clear how the practice of diploma students in the final (level 2) year of a programme and undergraduates undertaking the level 2 stage (years 2 or 3) would compare: they would be at the same 'academic' level in practice but at very different stages in respect of demonstrating achievement of the UKCC learning outcomes.

A further problem arose in conceptualising level 3 practice in respect of pre- and post-registration programmes. Two respondents pointed out the apparent differences in learning outcomes specified by the UKCC for pre-registration nursing programmes (UKCC, 1989) and for community nursing programmes (UKCC, 1994) undertaken as a post-registration qualification. Although both can be offered at degree level, the outcomes for the community nursing programmes imply a higher 'level' of academic performance than the pre-registration nursing programmes. An additional dilemma arose in attempting to differentiate between degree and masters level in respect of learning outcomes specified for the Higher Award (ENB, 1993). None of the Higher Award programmes examined had students undertaking a masters degree, and although masters routes were validated, staff had not yet addressed the issue of how to differentiate between levels of performance in practice. Generic statements about the nature of degree and masters awards focused on academic competencies, and although they expected postgraduate students to demonstrate more advanced practice, it was not clear how this would be measured.

### 5.2.3 Grading practice

In undergraduate programmes, concern about levels and credits included the grading of practice and its contribution to an award classification. Problems were perceived in defining different standards of performance above that required for a minimum pass. Although respondents were relatively clear how to apply grading criteria to written work, most were not

at all clear how to translate them for grading practice. Concern was linked to what constituted safe practice, as one respondent explained:

> *'If the minimum standard of performance in order to achieve a pass is safe practice how then do we make objective judgements above and beyond that in the practice setting. If a student catheterises a patient we can judge whether they achieve a satisfactory standard, whether they are safe in undertaking the procedure and relate to the patient appropriately on an interpersonal level. We can check that they have the underpinning knowledge to ensure safe practice. But beyond that it is extremely difficult to decide what constitutes first class honours practice. Yes, they might be able to demonstrate it through a written reflective account of practice, but in terms of actually undertaking the procedure with the patient it is very difficult, if not impossible, to quantify the subtle differences in performance that would enable an assessor to give a mark to that procedure'* (1.8).

Grading practice was only seen to be an issue for programmes leading to a classified degree: of the 13 examined at interview, nine awarded a grade for the assessment of practice, however, in only one was the grade based on direct observation of students' performance. The remaining 12 programmes awarded the grade for written reflexive accounts of practice.

The leader of the programme which awarded a grade for direct observation of practice expressed a number of concerns, in particular that disproportionately higher marks appeared to be awarded for practice than for theory. Academic staff were not involved in the practice assessment, so they were uncertain of the validity of these marks and whether the discrepancy was a result of practice assessors being over-generous, or whether students were performing at a higher standard in practice than in written work. There was a concern that unduly high marks for practice could sway the degree classification in favour of less academically able students, with a danger of devaluing the award's academic standing. Several respondents cautioned against grading practice, but others argued vociferously that it should contribute to the classification of an award:

> *'I am concerned about awarding first-class honours degrees or distinctions in nursing if we are only measuring the academic component. It is one thing to write about it (practice), it is another to practise as a nurse. To be able to say that I have a first-class honours degree in community nursing and for it not to reflect my practice, it feels a bit of a cheek. We are, after all, talking about a practice-based profession. When you are applying knowledge in practice, you are requiring students to operate at a very sophisticated level and we haven't to date given them sufficient credit for this. We have assumed that it is a difficult area to address so we have just gone for a competency pass/fail approach. The lowest common denominator. We will give them a pat on the back if they write a good essay but if they do excellently in practice then we don't reward it, they just get a pass. That doesn't seem right. We are giving the rewards, the pats on the back, for the wrong bits'* (6.4).

The use of a portfolio (sometimes described as a reflective diary or learning contract) for the assessment of practice was common, requiring students to write about their learning during the practice placement. In addition to, or sometimes as part of the portfolio, they were also assessed in respect of their achievement of specific competencies relating to care provision. As previously indicated, only one programme graded direct performance in practice, in the

others, performance in practice was assessed on a pass/fail basis, although the evidence of achievement might be included in a portfolio which was then graded.

In programmes currently grading or intending to grade practice, grades were awarded following assessment of written evidence in the portfolio. Whilst supporting this approach in principle, a number of respondents expressed concern about using the portfolio for this purpose. The one institution which had been awarding a grade for learning portfolios for several years shared some of the issues that had arisen from an evaluation of their approach:

> *'In reviewing the existing system there was a recognition that practice wasn't really being graded because the learning contracts (portfolios) did not determine how students performed in practice. It looked at whether they could write about their reflection on practice. The students who can write well are the ones who are good reflective practitioners. However, it does not mean to say that they are excelling as practitioners. We need both approaches really, a balance between being a reflective practitioner and being able to do the job well. We recognise that what we were really doing was grading students' ability to write about practice. It is a bit of a fallacy to say that we are grading practice, it is more grading practice by proxy'* (3.6).

They went on to identify a number of other issues:

- The compilation of a portfolio is time-consuming and can detract from developing skills in practice. *'There were times when students said they wanted to be in practice but they couldn't because they felt pressurised to go and write about it'.*
- Writing a high-quality reflective account of practice requires considerable skill, and students need help to learn reflexive writing skills before producing a portfolio to be assessed.
- There is a risk that the requirement to produce a written account of practice to be marked moves students away from spontaneous reflection to write what they think the assessor wants to read.

A number of other respondents echoed some of these concerns, which are also referred to in the literature (for example, Gerrish, 1993; Jasper, 1994). On this basis it appears that there would be benefits to a more comprehensive evaluation of the use of portfolios in the assessment of practice.

Arising from dilemmas about levels, credit-rating and grading of practice were issues relating to validity and reliability in respect of who undertook the assessment. The reliance on practice assessors gave cause for concern as one respondent explained:

> *'If academic staff are not clear on what constitutes different levels in practice how can we expect assessors to be able to undertake the assessment of students at different academic levels. We are just placing unrealistic expectations on people who don't have the same focus on academic issues as we do'* (4.7).

This leads to a consideration of the role of the practice assessor and academic staff in the assessment process.

## 5.3 The practice assessor

### 5.3.1 The availability of practice assessors

With the exception of the community nursing and midwifery programmes, all respondents had difficulty in identifying enough appropriately qualified practice assessors. This was particularly so in pre-registration nursing programmes, where UKCC requirements concerning the breadth of student experience created 'bottlenecks' in certain specialties, particularly in community and children's nursing and mental health settings. Changes in working patterns and the composition of qualified staff in NHS trusts also had an impact: a number of trusts had moved towards employing a more flexible workforce, with fewer permanent qualified practitioners balanced by more bank or agency staff. Furthermore, some trusts operated systems where staff alternated between day and night duty. These factors frequently placed additional burdens on practitioners acting as assessors; some assumed responsibility for a number of students, in other cases students were allocated more than one assessor to ensure ongoing support. In either situation academic staff were concerned about pressures on practice assessors.

Underpinning these concerns was an acknowledgement of the goodwill that has long existed between education institutions and health service settings in respect of providing practice experience at no direct cost, and a recognition of the increasingly fragile nature of this relationship. Trusts were under increasing strain in trying to accommodate changes in health care delivery whilst operating under severe economic constraints. At the same time, developments in nurse education were placing additional demands upon practitioners acting as practice assessors. Several respondents commented on the need to nurture this relationship and to be realistic about what might reasonably be achieved, as one course leader indicated:

> *'We need to recognise that we don't live in an ideal world. We need to adopt a pragmatic approach which recognises the current limitations of what can be achieved whilst still maintaining quality in the assessment process. The assessment of practice needs to be perceived as workable, understandable and not increasing the workload of clinical staff'* (3.5).

The situation was less problematic in community nursing and midwifery; apparently due to the comparatively small numbers of students placing fewer demands on practice settings. However, respondents from these programmes still spoke of the need to work closely with trusts providing placements and to be sensitive to the constraints under which they were working.

### 5.3.2 The expertise of practice assessors

There was also unease about the current expertise of assessors. With the exception of the community nursing programmes, there were insufficient practitioners with academic qualifications equivalent to those sought by the students they were assessing. The shortfall of graduate practitioners was most acute in the undergraduate pre-registration programmes at the stage when students would be undertaking level 3 work. Although respondents felt confident that practice assessors could assess students in respect of their achievement of UKCC requirements, they were less confident about their ability to assess reflexive accounts of practice at degree level. They reasoned that if practice assessors did not have the same breadth and depth of knowledge as students, it would be difficult for them to assess the integration of theory with practice.

The ENB Higher Award created additional difficulties; it was difficult to identify practice assessors with not only the appropriate academic expertise, but also the relevant specialist clinical expertise, particularly for programmes which led to a masters award and where students

were themselves specialist nurses. The Board's original intention had been for students' line managers to assume this responsibility, however, in some instances the managers were not nurses.

There were two notable exceptions regarding concerns about the availability of practice assessors:

- Where an educational institution and its neighbouring trusts had developed an infrastructure to support practice assessment, there were not the same perceived difficulties. In one undergraduate pre-registration nursing programme, lecturer-practitioners had been employed within all trusts where students undertook practice experience. An important aspect of the lecturer-practitioners' role was to support practice assessors, so that while not all assessors were graduates, they had considerable assistance. The role of lecturer-practitioners in the assessment of practice will be discussed later in this chapter.
- In a community nursing programme offering six specialist areas of community nursing practice, the trusts had given all those who would assess and support students in practice the opportunity to undertake the community practice teacher (CPT) course. The education institution now had a wealth of CPTs prepared at an advanced level in teaching and assessment, and while not all were graduates, the relatively small number of students in each specialism enabled lecturers to offer additional and complementary support.

### 5.3.3 The preparation and support of practice assessors

The two examples above highlight the importance of the preparation and support of practice assessors. The most common form of preparation, with the exception of the community nursing programmes, was a short Board approved course entitled 'Teaching and Assessing in Clinical Practice' (ENB 997: midwifery, and 998: nursing). The course introduces the principles of teaching and assessing in practice and covers the particular course requirements and assessment strategies with which practice assessors will be involved. Although it was seen as an extremely useful initial preparation, regular updates were important to inform assessors of developments in the assessment process and give them the opportunity to discuss problems.

In addition to the regular updating meetings, assessors also needed ongoing support. There was a general concern that their abilities varied, with some requiring significant support; however, there was also a recognition that preparation and support were extremely resource-intensive. In one community nursing programme, the appointment of temporary academic staff had enabled additional support to be provided to practice assessors during the first year of the programme. By contrast, an incremental approach had been taken in a midwifery programme whereby the investment had been in preparing assessors to assess at level 2 before introducing level 3 practice.

The community nursing programmes differed in the preparation of practice assessors in that they were prepared through a longer programme leading to qualification as a CPT. This programme, offered at level 3, provided more theoretical input on the principles of teaching and assessment than the ENB courses 997/998, and a period of supervised teaching practice in which the practitioner was formally assessed. It was viewed extremely positively by the two respondents responsible for community nursing programmes, who saw it as pivotal in supporting and assessing students at degree level. Both expressed considerable consternation at UKCC proposals (UKCC, 1996) to abolish the course and replace it with a shorter common preparation for all those responsible for teaching and assessing in practice settings. As one respondent commented *'standardisation is being proposed via the lowest common denominator'.*

## 5.4 The role of academic staff in the assessment of practice

The concerns regarding the expertise and support of assessors have begun to highlight the important role that academic staff can play in contributing towards the assessment of practice. A number of different models were in evidence.

### 5.4.1 The role of nursing and midwifery lecturers

All the programmes had some kind of link lecturer scheme, in which academic staff were involved in practice settings. In most instances, this was translated into a responsibility for linking with a number of placement areas, and supporting both students and practice assessors. In a small number of undergraduate programmes lecturers worked alongside students in practice areas; in one programme, the major responsibility for liaison between education and practice settings was undertaken by lecturer-practitioners who were jointly appointed by the university and the trust.

Despite formalised links between university and practice settings, in some cases they were considered inadequate. This was partly due to pressures on academic staff in terms of formalised teaching within the university and the practicalities of supporting students and practice assessors in placements which were often geographically far apart. The leader of the pre-registration nursing degree programme who expressed concern about the ability of practice assessors to grade practice appropriately, spoke of the frustrations of trying to rectify the situation:

> *'Ideally academic staff should be more actively involved in assessment, working more closely alongside the assessor and the student but it is just not practical. The main problem is the difficulty of timing assessment visits to fit in with the student, the assessor and teaching commitments in the university. Even when you agree to a date, you can arrive on the ward and find that some emergency has arisen and the assessor cannot be spared for a prolonged period of time to review the student's progress. Trying to rearrange the date can be a nightmare. That is why we have relied mainly on the assessors completing the assessment and the academic staff supporting from the sidelines but it is far from satisfactory. We need to find a better way of doing it'* (3.1).

Some respondents suggested that a possible solution lay in establishing moderation panels, comprising practice assessors and lecturers, to consider the results of the assessment of practice and moderate the marks as required.

Although some institutions had encountered difficulties getting lecturers directly involved in the assessment of practice, others were committed to pursuing this route. Four recently-validated programmes intended that a lecturer would join students and assessors periodically during placements and importantly, at the final assessment stage. Decisions about student performance would be based on a discussion between the three parties. However, this was not without its difficulties; those involved in community nursing, midwifery and the ENB Higher Award did not anticipate too many problems, but reservations were expressed in respect of a pre-registration diploma programme in nursing with 120 students in each cohort. In addition to the logistics of timetabling, a fundamental concern was raised regarding lecturers' ability to undertake this responsibility, as some were felt to be out of touch with contemporary practice. This raised significant staff development needs, to be addressed before the programme commenced.

In situations where lecturers would be involved in the assessment of practice, it was not intended that they would work alongside students in order to judge their performance. Rather, they would verify evidence compiled by students with support from their practice assessor. In some instances the lecturer alone would award a grade, in others the decision would involve the practice assessor and student. Clearly, lecturers' potential role in the assessment of practice is important and merits further investigation.

### 5.4.2 The role of the lecturer-practitioner

One possible solution to lecturers' difficulties in supporting students and assessors in practice settings is the lecturer-practitioner role. A number of institutions had considered how this role might be developed, and from our discussions with them it became clear that there were a number of models:

- In six institutions a comparatively small proportion of teaching staff were lecturer-practitioners. They were considered experts in teaching in their specialist field, and supported students and practice assessors in these placement areas. Their specialist role meant their influence on the assessment of practice was highly focused and confined to their area of clinical expertise.
- One community nursing programme had appointed a lecturer-practitioner specifically to lead the development of a strategy for the assessment of practice. Described as a 'clinical enabler' the lecturer-practitioner had spent considerable time during the curriculum development phase working with CPTs and lecturers in designing an assessment strategy which was owned by both groups. Now, her energies were diverted to running workshops on the new strategy for CPTs and providing them with support. This person's dual expertise in community nursing practice and nurse education gave her credibility with both parties and insight into the assessment of practice from both perspectives.
- A third model was adopted by a university providing undergraduate pre-registration programmes in nursing and midwifery. The university and local trusts had made considerable investment over several years in creating lecturer-practitioner posts in each placement area accessed by students. The lecturer-practitioners played an active part in the assessment of practice, meeting students and practice assessors intermittently during placements, including the summative assessment interview; they also graded students' practice portfolios in discussion with the practice assessor and student. Their role extended to evaluating and refining assessment procedures on the basis of feedback from students, practice assessors and their own experience. The benefits of this approach were summed up by one of the lecturer-practitioners:

> *'The strength of this scheme lies in the LP (lecturer-practitioner) approach. LPs don't work directly with the students but they get to know them well. LPs are seen to work in the real world and are both up-to-date with practice and understand the organisational culture that students find themselves working in. LPs are also very experienced, they have often worked as teachers and have practised at an expert level, usually holding senior clinical posts. Because of the nature of the role they learn to be adaptable, moving from one camp to another'* (3.6).

However, the lecturer-practitioner was not seen as a panacea for solving the dilemma of who should assess practice. The programme leader and a lecturer-practitioner within this institution spoke of the benefits this approach afforded, but acknowledged some difficulties.

Key amongst these were the pressures confronted by lecturer-practitioners in respect of competing demands from two employers. At times it was difficult to achieve a satisfactory balance in the time devoted to each component of the role, which could put considerable pressure on the individual. These concerns were echoed by other respondents wary that lecturer-practitioner posts might recreate the problems associated with previous roles attempting to bridge the theory-practice gap. The clinical teacher and the joint appointee had both encountered problems with divided loyalties that in many instances led to burn-out and stress (Gerrish, 1992; Lathlean, 1995).

## 5.5 The institutional context

A number of respondents contextualised their approach to the assessment of practice within the requirements of the university concerned. Some universities' regulations were extremely flexible in accommodating new developments, others imposed severe restrictions upon what might be achieved. A major difficulty related to credit-rating practice-based learning. Most universities allocated credit on the basis of hours of student learning. Although the number of hours equating to one credit varied slightly between universities, there was agreement amongst those visited that one year of a standard degree programme equated to 120 credits at an appropriate level. However, the statutory requirements for pre-registration nursing programmes meant that they were often substantially longer than traditional academic programmes, which created difficulties in allocating credits. Where university regulations stipulated that a maximum of 360 credits could be awarded for a degree, it was inevitable that not all study hours could be awarded credit. In some cases practice was awarded a disproportionately low number of credits, and in one institution none at all. In other instances the early parts of a programme were regarded as 'foundation' modules and not awarded credit. Other institutions were not so prescriptive in specifying the number of credits for a degree, and accommodated the credit-rating of practice by increasing the number of credits gained for the award.

A number of respondents indicated that the culture of their university was not immediately receptive to accrediting practice-based professional courses, and several had found themselves pioneers in arguing for the credit-rating of practice. Although some universities were initially reluctant to credit-rate practice, there was a general perception that they were becoming more flexible, partly due to pressure from other professional groups. However, there was a strong feeling that some universities would not be prepared to allocate 50% of the credits for practice-based learning unless the assessment included written work. Some of these were proposing the more integrated approach to the assessment of theory and practice referred to earlier.

## 5.6 Validity and reliability in the assessment process

Several respondents pointed out that some of their concerns about the accreditation of practice stemmed from concerns about the validity and reliability of the assessment process. The terms 'validity' and 'reliability' were used in various ways by educators to refer to such things as the accuracy, internal coherence, defensibility and pragmatic usefulness of an assessment strategy. Many issues raised by respondents are underpinned by a concern that educational standards would be compromised by a flawed approach to the assessment of practice. There was widespread recognition of the complexities associated with developing a rigorous approach, and of the considerable investment needed in the development and implementation of an assessment strategy. There was also recognition of the constraints upon programme teams in respect of responding to institutional requirements, recognising the pressures under which practice assessors are working and the logistical problems of lecturers becoming more actively

involved in the assessment of practice. A number of institutions which awarded a comparatively small number of credits for practice-based learning were reluctant to increase the proportion until they had been able to make progress in addressing these issues.

A major concern regarding validity and reliability lay with differences between assessing students' performance in practice by direct observation and via written accounts. Written accounts allowed work to be marked by more than one examiner and moderated by an external examiner; with performance in practice, the decision about the standard of performance rested with the practice assessor. Although many programmes required students to produce written evidence of their achievement in practice, there was an acknowledgement that this did not necessarily indicate their ability to actually care for patients.

In recognising the limitations of current approaches to the assessment of practice, many programmes were striving to address issues of validity and reliability. It was considered important to ensure consistency across different components of a specific programme and across different programmes offered by the same institution. A number of programme teams were moving towards establishing moderation panels comprising practice assessors and academic staff responsible for the particular placement. Several respondents mentioned the benefit of external examiners assuming a more active role in moderating the assessment of practice, although any extension of their role had still to be clarified.

Linked to concerns about validity and reliability was a recognition of the need to monitor the assessment process. Both informal mechanisms through feedback from the parties involved, and formal mechanisms through validation and periodic review, boards of examiners, external examiner reports and annual course reports were used. There was a recognition of the importance of careful monitoring, particularly in respect of innovations, and, at times, a sense of regret that it was not possible to have a trial run before introducing a new approach, as one respondent explained:

> *'The difficulty, when trying to be innovative is that you are constantly questioning how far you can push the boat out and how far it will impinge on the learning situation for students. It all boils down to risk taking'* (6.4).

Although there were clearly differences of opinion amongst respondents regarding the degree of risk they were prepared to take, and the ways in which the assessment of practice at different levels could and should develop further, there was a common agreement of the need to ensure quality in the assessment process.

## 5.7 Conclusion

This chapter has highlighted the issues facing educators as they strive to implement the Board's requirements for the assessment of practice. Whilst the main focus of the study has been on an analysis of curriculum documentation in order to map out the criteria used for discriminating between assessment at different levels, any consideration of the approaches taken within a particular curriculum cannot be viewed in isolation from the context in which the developments take place. The decisions made by curriculum developers in designing a strategy for the assessment of practice are influenced not only by academic and professional concerns regarding levels, credits and grading, but also, importantly, by a consideration of both education and practice contexts. The main issues arising from this stage of the research are summarised below.

i. Parity between the assessment of theory and of practice could be conceptualised qualitatively and reflected in the inter-relationship between theory and practice or

quantitatively in respect of the proportion of credits awarded for theoretical and practical components.

ii. Educators acknowledged difficulty in differentiating between diploma, degree and postgraduate levels in respect of the assessment of practice.

iii. There were conflicting views on the extent to which the assessment of practice should contribute towards a degree classification. Concern was expressed regarding the grading of practice assessed by direct observation and in particular the difficulties of differentiating between the minimum standard required for safe practice and practice of a higher standard.

iv. The use of learning portfolios to document students' experiences and performance in practice was widespread. However, concerns were expressed about their limitations, particularly in respect of the writing and reflective skills they demanded, and the time required to complete them.

v. Several educators expressed concern about a shortfall in appropriately qualified practice assessors, particularly in a number of pre-registration programmes of nursing and Higher Award programmes.

vi. There was widespread recognition of the investment needed to prepare and support practice assessors and its resource-intensive nature.

vii. In a number of programmes academic staff experienced difficulty in providing appropriate support to practice assessors and students, due to their commitment to teaching in the university, the geographical spread of placements and concerns about their own clinical credibility.

viii. Institutions which had made a long-term investment in developing the roles of academic staff in practice settings were reaping the benefits with the introduction of more innovative approaches to the assessment of practice.

ix. A number of models for the role of lecturer-practitioner were evident. Discussion of lecturer-practitioners' potential contribution to the assessment of practice, balanced with concerns regarding the role conflict experienced by some, suggests the need for further research into their role.

x. University regulations exerted considerable influence on the approaches taken to the assessment of practice and were perceived as either facilitative or restrictive.

xi. There was widespread recognition of the complexities of developing rigorous approaches to the assessment of practice at different academic levels and the constraints imposed by university requirements, the availability and expertise of practice assessors and the feasibility of academic staff assuming a more active role in the assessment of practice.

xii. The roles of moderation panels, external examiners, and boards of examiners were recognised as important contributors to monitoring the validity and reliability of the assessment process, but in some areas their respective roles were not yet fully developed.

The data arising from the interviews have highlighted some of the complexities of developing approaches to the assessment of practice. Although this stage of the research is limited in that we have only tapped into the views of educators, there are a number of issues to consider in respect of the validity and reliability of the assessment of practice at different academic levels. Chapter 6 explores the implications of these observations alongside the issues arising from the documentary analysis.

CHAPTER 6

# INDICATORS FOR FUTURE POLICY AND PRACTICE: DISCUSSION AND DEVELOPMENTAL IMPLICATIONS

## 6.1 Introduction

This final chapter provides indicators for future policy development, practice and research, and draws together the developmental implications arising from the research. Although there was considerable diversity in both curriculum intention and actual practice across the programmes, the study has identified a number of issues that merit further consideration. In addressing the implications arising from the research we wish to focus on three areas: academic issues associated with the assessment of practice at different levels, and the influences exerted by the educational context and by the practice context.

## 6.2 Academic issues associated with the assessment of practice at diploma, degree and postgraduate levels

Both the documentary analysis and the interviews identified a number of issues associated with the assessment of practice. The analysis provided the opportunity to map the range of approaches taken to discriminating between different levels in the assessment of practice, and to identify a number of factors which impacted upon assessment. The interviews provided greater insight into the issues influencing the approaches taken, and an understanding of the challenges of translating curriculum intentions into programme delivery. In particular, the notion of levels in relation to the assessment of practice, the influence of CATS on the accreditation of practice, the interpretations placed on the assessment of practice, and parity in the assessment of theory and practice merit further consideration.

### 6.2.1 Levels and the assessment of practice

There were varying interpretations of the notion of levels. In most programmes they were seen as points of progression within an award, often based on the CNAA model. Levels were also viewed as the outcome of an academic award (e.g. diploma or degree). Where the focus was on levels in relation to progression, links were often made with outcome: for example, level 2 was linked to diploma level and level 3 to degree level. Levels were also sometimes associated with the allocation of credits within an award and occasionally linked to grading. The documentary analysis focused primarily on the criteria used to discriminate between practice at different levels as they apply to the outcome of an award and in respect of progression.

An examination of the criteria used for discriminating between practice at different levels revealed considerable diversity both between programme areas and within each area. Two types of level were identified, academic and practice. In most programmes they provided separate routes to achieving the required standard of performance. Academic level descriptors were categorised either in relation to the award to which they were linked, or to levels of progression with a CAT framework, and were primarily concerned with assessing intellectual abilities in respect of progression towards, or the outcome of, an academic award. By contrast, practice level descriptors demonstrated progression towards the achievement of statutory learning outcomes associated with a professional award. In most programmes these frameworks appeared to operate independently, although in some practice levels were incorporated within a more general notion of academic levels. When the two types of level were applied in the assessment of

practice, practice level descriptors were normally used to assess direct performance, and academic level descriptors to assess written accounts of practice. Whereas academic levels were usually presented within the CNAA framework, practice levels were more diverse and drew upon a variety of frameworks to structure both progression and outcome.

The criteria used in academic and practice level descriptors were categorised into separate typologies (Table 6.1). Although there were clearly discernible characteristics for each type of level, there was also a degree of overlap in their respective characteristics; for example both often referred to the application of professional knowledge to practice, the development of professional expertise, reflective practice and autonomy.

| Academic level descriptors | Practice level descriptors |
|---|---|
| Technical knowledge | Experiential commitment |
| Cognitive processes | Professional competence/expertise |
| Personal autonomy | Personal and professional autonomy |
| Relationships with others | The role of the student |
| Reflective practice | |
| Application of knowledge to practice | |
| Development of professional competence | |

Table 6.1: Typologies of criteria used in academic and practice level descriptors

Although the characteristics of each type of level were identified, there appeared to be no agreement as to which should feature within academic and practice level descriptors. Academic level descriptors often differentiated between several dimensions of progression or outcome, but the specific characteristics used to define a particular level, and thereby discriminate between levels, varied considerably. Some descriptors were extensive, referring to a number of characteristics; others were brief and provided little detail of the required standard of performance.

Similarly, approaches to defining practice levels varied considerably. The diversity of frameworks used to structure practice level descriptors led to different characteristics featuring in different descriptors. Furthermore, there were various interpretations of these frameworks, and often different definitions applied to the stages within a particular framework. These inconsistencies are not without problems. The appropriateness of attempting to apply a particular framework in a different context to that in which it was developed is open to question; for example Benner's (1984) model was applied to pre-registration education, but it was derived from observations of post-registration practice. Furthermore, definitions of the framework's stages were often limited. Likewise, the attempt to apply Steinaker and Bell's (1979) taxonomy of experiential learning in a linear hierarchy of progression suggests that a series of stages in the learning process, which Steinaker and Bell suggest can occur in different ways at each level, had been misinterpreted. This varied interpretation of different models to inform the development of a framework for defining levels in the assessment of practice, together with the lack of precision in defining concepts, made it difficult to compare sets of level descriptors.

Furthermore, many descriptors did not set out the constituent dimensions fully or consistently; rather they referred to them in an *ad hoc*, piecemeal fashion, a concern echoed by Winter (1993b). Even when level descriptors attempted to spell out what was required of students at a certain level, inconsistencies in the particular characteristics referred to, or ambiguities in terminology, made it difficult to compare descriptors at different levels. It has therefore not been possible to make definitive statements about the criteria used to discriminate between the

assessment of practice at diploma, degree or postgraduate level, although there are strong indicators as to the particular characteristics of descriptors used to define different levels.

Underlying both academic and practice level descriptors was an attempt to identify a judgemental hierarchy to differentiate between levels, either as they relate to different awards, or in respect of progression between levels within an award. The use of multiple characteristics within a single level highlighted the complexity of defining progression within an academic or a practice framework. However, inconsistencies in the particular characteristics of the level descriptors in many curricula suggested that attempts to bring together different hierarchies ran the risk of generating contradictory indicators. In this respect, Winter (1993b) cautions that reference to one particular characteristic at a particular level might imply its position in a hierarchy which is neither intended nor appropriate.

Defining level descriptors in terms of an organised hierarchy also fails to take account of the complexity of the learning process. Progression is defined in clearly delineated steps through the use of level descriptors, and students are often required to move from one step to another at the beginning of each year of a programme. However, learning is a far more complex process, and represents a gradual slope in which there are undulations that the student slips down before resuming an upward path. Some practice level descriptors tried to overcome this problem by creating a number of practice levels through which students progressed while studying at a particular academic level. However, this accentuated the difference between academic and practice level descriptors, making it more difficult to correlate the two sets.

A comparison of the level descriptors for pre- and post-registration programmes tentatively suggests that different interpretations may be placed on the standard of performance required for a particular level between different programmes. One programme sought explicitly to differentiate between particular academic levels in relation to pre- and post-registration programmes. This suggests that defining different academic levels is more complex than merely identifying a standard set of criteria to apply to all students studying at that particular level, and should also take account of the aims of the particular programme and the characteristics of the student.

Having identified the variation in the characteristics of different level descriptors, we conclude that there is currently no clear consensus on the criteria used to discriminate between the assessment of practice at diploma, degree and postgraduate levels. Bearing in mind the multi-dimensional characteristics of descriptors, it is difficult to see how a consensus could easily be reached, if indeed it is desirable. However, one way forward might be to generate a set of common outcomes for different academic awards in the way that HEQC (1996) has worked on defining graduate standards. If the same exercise was undertaken for diploma and masters standards, it may be possible to generate sets of generic descriptors which could be applied to particular programmes. The attributes of criteria used in academic and practice level descriptors derived from the documentary analysis would form a useful foundation.

In drawing together the observations arising from the documentary analysis and interviews, we suggest that the following might be considered in developing generic descriptors for different academic levels.

- The structure of level descriptors should be internally coherent, using consistent terminology, etc.
- Level descriptors need to demonstrate progression within an award or delineate the outcomes of awards at different levels.

- Level descriptors should indicate several relevant dimensions of progression, for example, personal growth, intellectual development and the practical application of knowledge.
- Level descriptors should not impose a uni-dimensional view on the learning process but recognise its complexities, acknowledging that learning often involves revisiting, adapting, forgetting and relearning.
- Level descriptors should avoid creating rigid hierarchies which are inappropriate for the particular context.
- Level descriptors should not impose arbitrary equality over diverse areas but recognise the uniqueness of particular concerns and provide the flexibility for individual interpretation in different contexts.
- Level descriptors should be pragmatic in that the choices lead to a useable framework and serve the purpose for which they are intended.

Once descriptors defining the threshold characteristics of diploma, degree and postgraduate levels of practice have been developed, an examination of the interpretation and application of these criteria would be important.

### 6.2.2 CATS and the credit-rating of practice

There was considerable variation in the characteristics of CAT schemes, especially at pre-registration level. Inconsistencies in the different academic levels associated with an award, together with discrepancies in the number of credits awarded at different levels and the total credits required for an award, have implications in respect of the ability to transfer between programmes, either within or across institutions. Although the apparent consistency of the CAT schemes for Higher Award programmes would make this relatively easy (provided that the specific university regulations allowed it), it is questionable to what extent it is a realistic option in pre-registration programmes. Any transfer across institutions would need to take account of not only UKCC requirements, but also the different characteristics of CAT schemes, and a direct transfer of credits is likely to be difficult.

An examination of the ways in which CAT schemes feature within programmes led to a consideration of the extent to which practice-based learning is awarded credits at different levels. Although only three programmes awarded 50% of the credits for practice, almost half of the others awarded between 10% and 30%. The interviews revealed that university regulations considerably influenced developments in the credit-rating of practice. Some were extremely flexible in accommodating the needs of professional programmes, while others were less responsive – although it was acknowledged that changes were gradually occurring.

The credit-rating of practice-based learning has implications for how or indeed whether practice should be graded and thereby contribute to award classification. Although relatively few programmes graded the assessment of practice by direct observation, and slightly more graded learning portfolios, there were conflicting views about the extent to which the assessment of practice should contribute towards degree classification. Discriminating between standards of performance within a particular practice level, especially between the minimum standard required for safe practice and practice of a higher standard, is a complex process, and one which institutions are only beginning to grapple with.

### 6.2.3 The assessment of practice

An examination of the criteria used for discriminating between the assessment of practice at different levels raised the fundamental question of what constitutes the assessment of practice. The data indicated that it entailed either direct observation or indirect assessment via a written account of performance. Direct observation was concerned with assessing practical competence in fulfilling statutory learning outcomes, whereas indirect observation focused primarily on assessing intellectual abilities to analyse and reflect upon practice. The approach taken to assessment was then likely to influence the criteria used for discriminating between different levels. In most instances practice level descriptors were used to demonstrate progression towards the achievement of professional competencies, whereas academic descriptors were applied in assessing written accounts of practice. However, in a small number of programmes this division between the two types of descriptor was not evident.

It could be argued that the relationship of practice and academic descriptors to the two interpretations of the assessment of practice (direct and indirect) is a reasonable approach to assessing a programme leading to both an academic and a professional qualification. The potential attractiveness of this model for pre-registration education lies in its ability to overcome the dilemma of what constitutes diploma- or degree-level practice: undergraduate students' ability to demonstrate intellectual skills of a higher order in their analysis of practice differentiates them from diploma students. However, reported discrepancies between self-reported accounts of practice and actual behaviour in practice (for example, Mallik, 1993; Ferguson and Jinks, 1994; Allmark, 1995) reinforced by comments made by educators during the interviews, suggest that written accounts of practice do not necessarily reflect students' actual performance. This approach also fails to identify whether there should be any observable difference in performance in practice between diplomate and graduate practitioners. The wide variation in characteristics of practice level descriptors made it impossible to look for clear differences in the expected performance of diplomate and graduate practitioners at the point of qualification.

Few Higher Award programmes assessed practice by direct observation, which may reflect the difficulties of assessing what is deemed to be expert practice. Although not relating explicitly to the Higher Award, Fox-Young (1995) highlights the difficulty in defining expert practice and deriving appropriate means of assessing it. She suggests that attempts to apply prescribed performance criteria prove inadequate because of the complexities of the context in which experts practise. Furthermore, all assessments are affected by the assessor's interpretation of what is evaluated or considered important. Drawing upon the work of Benner et al (1992), Fox-Young notes that two experts may not agree on an appropriate course of action in the same situation. Although advocating the use of multiple sources of data to assess expert practice she highlights the inadequacies of written evidence in that it does not necessarily reflect how the practitioner actually performed. In addition, the lack of shared perspectives of what constitutes expert practice may make evidence collected from these groups difficult to interpret.

### 6.2.4 Issues of parity in the assessment of theory and practice

The interviews revealed that educators often have to negotiate a careful path between the Board's requirements and their university's regulations. While the interests of educators, the Board and the universities coalesce in many areas, some issues are not so clear cut. In particular, interpretation of the Board's requirement for parity in the assessment of theory and the assessment of practice and for *'theory and practice to be accredited within a programme on an equal basis'* (ENB, 1995) presents challenges. Most universities did not support awarding 50% of credits for practice-based learning *unless* it included written course work, which raises the question as to whether parity is best considered as a quantitative or qualitative issue. The award



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of credits within a programme appears to be only one (perhaps limited) measure of the extent to which theory and practice feature within the curriculum. The value placed upon practice-based learning within a vocationally orientated professional curriculum can be demonstrated in a number of ways, and perhaps a combination of these approaches should be taken account of in judging the extent to which policy recommendations have been acted upon.

## 6.3 The educational context

Interviews with educators indicated widespread recognition of the complexities of developing approaches to the assessment of practice at different levels. This was compounded by a combination of university regulations, the availability and expertise of practice assessors and the feasibility of academic staff assuming a more active role in practice settings. A number of educators voiced concern about the need to ensure validity and reliability in the assessment process and were discussing with external examiners how their role might develop in moderating the assessment of practice. Others were establishing assessment panels comprising academic staff and practice assessors to undertake this moderation. However, these initiatives were in the early stages of development and the developing role that external examiners and boards of examiners might assume in this area needs to be evaluated.

A number of respondents indicated difficulties in fulfilling the Board's requirement that lecturers have dedicated hours assigned to practice, in order to maintain and develop their professional knowledge in contemporary practice and liaise with and support practice assessors. Concern regarding lecturers' clinical credibility has been widely reported (for example, Gerrish, 1992; Jowett et al, 1992; Luker et al, 1995), and remains an important issue. It was clear from a number of respondents that institutions which had invested in supporting academic staff to develop their role in the practice setting anticipated less difficulty in implementing changes in the assessment of practice than those still in the early stages of addressing this need. However, for programmes with large student cohorts undertaking practice experience over a wide geographical area, the logistics of more actively involving academic staff in practice assessment was problematic. Like the practice assessors, lecturers at times encountered conflict between the demands of their formal teaching role and the need to liaise with and support practice assessors and be involved directly in the assessment of practice. Although few programmes had established a scheme whereby lecturers were directly involved in assessing performance in practice, a number recognised the benefits of creating a dialogue in the assessment process (Phillips et al, 1994) and intended that lecturers would become increasingly involved in verifying practice-based learning and negotiating a grade for practice. As institutions make progress in these areas, it is important that their strategies are evaluated.

One possible answer to increasing an educational presence in the practice setting is the development of the lecturer-practitioner role. The interviews indicated a number of models in this area, although there had, as yet, been little attempt to evaluate their effectiveness. In several institutions a relatively small number of lecturer-practitioners assumed a specialist teaching role in relation to their area of clinical expertise and provided support to students undertaking placements in these settings. However, this model was limited in its impact on the assessment of practice within a programme as a whole. To have greater influence, it would need to be more widespread, as in the case of one of the institutions visited.

This institution had invested heavily in developing the lecturer-practitioner role to support and assist in the assessment of practice, and had made considerable progress in addressing the challenges of assessing practice at different levels. Although a major remit of the lecturer-practitioner's role was to support the assessment process and verify student achievement, it was recognised that even in this institution a number of models of the lecturer-practitioner role

existed in response to local needs and circumstances. However, the development of lecturer-practitioner roles is comparatively new and the different models have been subject to little systematic evaluation to date. Lathlean's (1995) recent study suggests that the establishment of these posts is not necessarily straightforward. In support of some of Lathlean's observations, educators interviewed in this institution, including lecturer-practitioners, highlighted the conflicting demands sometimes placed upon lecturer-practitioners in relation to the different dimensions of their role and the considerable commitment and investment required by both education and service in establishing and providing ongoing support. Clearly, lecturer-practitioners have a considerable potential contribution to the assessment process, however, this area would benefit from further investigation in order to explore the merits of a range of alternative models.

## 6.4 The practice context

The educational context was not the only one which impacted upon programme teams' choices when designing their approach to the assessment of practice. There was widespread recognition of the need to take account of the context in which students undertake practice experiences. Profound changes in the nature and delivery of health care services, coupled with increasing economic pressures, mean the unconditional support of health care providers in providing suitable placements and appropriately qualified practice assessors can no longer be guaranteed. Any development in the assessment of practice must take account of not only what is desirable professionally and academically, but also what is realistically achievable. None of the respondents had, to date, encountered major difficulties in their relationships with local health care providers offering practice placements, indeed many spoke positively of a reciprocal relationship in which both benefited from students undertaking placements. However, there was an acknowledgement of the need to nurture the relationship and to be sensitive to the demands placed on practice assessors in fulfilling a clinical, educational and often managerial role. The problems of role conflict and excessive role demand experienced by practice assessors have considerable implications for the assessment of students in practice (Gerrish, 1990) and highlight the importance of educators supporting this process by engaging directly in practice settings (Gerrish, 1992; Wilson-Barnett et al, 1995).

Several educators reported difficulties in securing enough appropriately qualified practice assessors to support students in some settings, and this has implications for the preparation and support of assessors. Many programmes, especially at degree and postgraduate level, were unable to procure enough practice assessors with an equivalent academic qualification to those pursued by the students. Although the Board's policy requires all lecturers to possess a minimum of a first degree there has been no debate as to what academic qualifications, if any, practice assessors should possess. The educators indicated that while the quality of individual practice assessors might vary, they generally felt confident that assessors could make sound judgements concerning students' competence to practise. This supports the observations of Davis et al (1995) that although practice assessors may not be prepared to diploma or degree level, they did not believe this limited their ability to help students learn, or to assess their competence to practise.

However, a number of educators questioned the extent to which some practice assessors were able to assess students' ability to analyse and reflect upon practice using different theoretical perspectives at an appropriate academic level. In acknowledging the importance of learning in practice settings, and the benefits of assessing students' ability to relate theory to practice in the practice setting, this observation raises questions regarding the nature of the assessment of practice and who should undertake it. As mentioned previously, in most programmes practice assessors were mainly responsible for assessment by direct observation, focusing primarily on



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the achievement of statutory requirements, while academic staff were generally responsible for assessing written accounts of practice. Although this fragmentation of responsibility for assessment may be expedient in accommodating the diversity in expertise of those assessing students, it does little to promote the inter-relationship of theory with practice. Indeed, Davis et al (1995) highlight how practitioners supporting students on DipHE programmes were unable to articulate how they helped students link theory and practice. Seeking a solution to the dilemma brings us back to the need to consider the importance of educators having more active involvement in all aspects of the assessment of practice. The importance of dialogue between educators and practice assessors in the assessment process advocated by Phillips et al (1994) remains pertinent.

However, dialogue is important, not just in the assessment process, but also in preparing and supporting practice assessors. Although a detailed examination of the nature of the preparation and support required by practice assessors was not within the remit of this study, a number of issues raised merit further consideration. The majority of assessors were prepared through the ENB 997/998 courses. However, there has been little evaluation of their effectiveness in equipping assessors with the skills to assess at different academic levels, although White and Davis (1993) indicate that confidence in their helpfulness in preparing assessors for their role in relation to DipHE programmes was not widespread. The educators' dilemma in discriminating between the assessment of practice at different levels suggests that practice assessors may not find it easy to make similar judgements. A number of other studies have highlighted the difficulties experienced by teachers and assessors in understanding the notion of diploma-level practice in the context of DipHE programmes (Jowett et al, 1992; White and Davis, 1993; Davis et al, 1995; Wilson-Barnett et al, 1995). However, in the light of an increasing number of programmes being offered at degree and masters level there is a need to look more closely at the issues that the differentiation of academic levels present for those involved in the assessment of practice.

The research has also highlighted the need to consider the ongoing support of practice assessors if they are to fulfil their role successfully. Although some respondents identified difficulties in ensuring that educators were able to provide support, there were clear examples of educational institutions endeavouring to address this need in different, and sometimes creative, ways. However, several of these developments were in the early stages of implementation, and a longitudinal study evaluating the effectiveness of the different approaches would be beneficial.

## 6.5 Conclusion

In addressing the original aims of the project, the documentary analysis has mapped the range of criteria used to discriminate between the assessment of practice at diploma, degree and postgraduate levels. The picture is far from simple. Rather than developing a *'map which would provide a clearly marked-out route to the desired destination'* the analysis has highlighted wide variation in the criteria used to define different levels in the assessment of practice, and diversity of the characteristics included within the criteria.

The documentary analysis identified a number of common characteristics in particular levels, but a critical examination of these characteristics raises questions about the way in which they are applied. The lack of clear definitions, inconsistencies in interpretation, and the creation of rigid hierarchies often appear to impose constraints upon the learning process which are neither appropriate nor desirable. However, the documentation provides a statement of curriculum intent rather than a clear indication of how the different criteria are used in programme delivery. It is therefore difficult to draw firm conclusions about the validity and reliability of the current criteria without the benefit of an empirical study examining their interpretation and application.

The challenge of ensuring the validity and reliability of the assessment process underpinned many other issues raised in the study. As in the implementation of any new initiative there is a need to monitor and review progress. In undertaking the interviews we deliberately selected institutions which had been addressing issues of credits, levels and grading the assessment of practice for some time as well as those that had adopted innovative approaches in recently validated curricula. Discussions with the former highlighted the difficulties that even those who might be considered 'experts' were encountering, whereas discussions with the latter indicated an awareness that the implementation of a new approach, whilst carefully thought through, would not be easy and should be monitored carefully. Although we acknowledge the limitations of this stage of the research in that we have only gained the views of educators, there is a need to give further consideration to:

- the definition, interpretation and application of criteria used to discriminate between practice at diploma, degree and postgraduate levels
- evaluating the mechanisms used for ensuring quality in the assessment of practice
- the preparation and on-going support of practice assessors
- the role of educators in the assessment of practice, including both their role in supporting practice assessors and in engaging directly in the assessment of student performance
- the role of external examiners and boards of examiners in ensuring the validity and reliability of the assessment of practice.

## 6.6 Developmental implications arising from the research

This literature review and documentary analysis was commissioned by the Board as the first part of a major empirical study; the second part is being undertaken by the University of East Anglia and is due to be completed in 1999. This report forms the first phase of this major study and the Board will consider the findings from both projects in relation to future policy development. The following issues arise from the review and documentary analysis:

- Further consideration should be given to the definition, interpretation and application of criteria used for discriminating between practice at different levels, and further work is needed to define the threshold characteristics of diploma, degree and postgraduate practice.
- There is a need for course planning teams to make more explicit the criteria used for discriminating between practice at diploma, degree and postgraduate levels. It is suggested that the descriptors defining different levels should be internally consistent; demonstrate different dimensions of progression – for example, personal growth, intellectual development and the practical application of knowledge – and recognise the complexities of the learning process. The level descriptors should be pragmatic and lead to a useable framework that serves the purpose for which it is intended.
- Course teams should undertake a systematic evaluation of the implementation of strategies used in the assessment of practice at diploma, degree and postgraduate levels. Particular consideration should be given to the interpretation and application of criteria used for discriminating between practice at different academic levels.
- Further consideration should be given to the grading of performance in practice and the contribution that the assessment of practice makes to the final award. This is especially

relevant in programmes leading to an honours degree. As more institutions begin to grade the assessment of practice there is a need to examine the interpretation and application of grading criteria.

- The use of learning portfolios in the assessment of practice requires further evaluation.
- Consideration should be given to evaluating the mechanisms used for ensuring quality in the assessment of practice. This should include consideration of the role of validation panels in approving assessment strategies, the contribution of moderation panels and the role of external examiners and boards of examiners.
- The preparation and ongoing support of practice assessors should be subject to further research. However, the current study suggests that educators should play an increasingly important part in supporting practice assessors in undertaking assessment at different academic levels.
- The role of educators in the assessment of practice merits further examination. This appears to be especially important as course teams progress towards credit-rating and grading the assessment of practice. Consideration should be given to developing strategies to overcome the constraints currently preventing academic staff assuming a more active role in the assessment of practice and supporting educators, where the need arises, to further develop their clinical credibility.
- The different models of the lecturer-practitioner role and its potential contribution to the assessment of practice should be considered.

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# Documentary Analysis Proforma

| | |
|---|---|
| **Programme:** | **Advanced Diploma/BSc (Hons) Clinical nursing with professional registration** |
| **Date of validation:** | **1996** |
| **Programme overview and models** | |
| What are the salient features of the programme? | Combined advanced diploma/degree programme<br><br>Includes 4 branches of nursing.<br><br>Based on CAT framework.<br><br>Separate levels for practice.<br><br>Practice is incorporated within integrated units which are awarded credit, however, integrated units only *relate* to practice – practice is in effect outside the structure. |
| Is there an explicit curriculum model?<br><br>What are its features? | Not explicit, but the connection between theory and practice is continually re-emphasised.<br><br>The five types of core skills for clinical assessment are divided into three stages with increasing:<br>a. accountability;<br>b. responsibility for negotiating;<br>c. evaluatory scope and breadth of reference;<br>d. possibility of leading, teaching and delegating;<br>e. orientation of skills from self to other.<br><br>It is also clear that reflective practice is a major orientation, and is explicit and well structured in several units (with clear guidance for structured reflection). |
| Is there an explicit nursing model?<br><br>What are its features? | No, the emphasis is on flexibility and the nurse as a 'change agent'. The teaching group has a small committee responsible for monitoring NHS changes and for recommending alterations in the curriculum and in the emphasis on placements which will respond to these changes. There seems to be a notion that nurses in their professional practice should have a conscious awareness of these things too. |
| Are there key references to support the selected models? | None |

**Appendix 1**

| | |
|---|---|
| **Programme:** | **Advanced Diploma/BSc (Hons) Clinical nursing with professional registration** |
| **Date of validation:** | **1996** |

## CAT scheme

| | |
|---|---|
| Is there an institutional CAT scheme? | Yes. |
| Is it based on the CNAA scheme? | Standard CNAA model – 120 credits per level; 360 for the degree. |
| In what way does it feature in the curriculum documentation? | a. APL is permitted, especially where students have undertaken ENB-approved courses, or where a student is already registered or enrolled. Transfer from other institutions, with ENB approval. Internal transfers between branch programmes are permitted under certain circumstances. No mention of transfers between programmes either internally or externally.<br><br>b. All units are 10 or 20 credits, including 'Integrated units of nursing theory and practice'. Thus practice is apparently credit-rated. On the other hand, the Integrated Units only 'relate' to periods of practice. Practice is, in effect, outside the structure. |

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## Levels and progression

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|---|---|
| Are there levels used on the programme? | Yes – they are the CNAA CATS levels. A level '0' is mentioned as well as the other three levels. The advanced diploma appears to have the same content as the BSc, but the units are given (n minus 1) level rating. The learning outcomes and assessment schemes usually differ accordingly. |
| Are they the CNAA CAT levels? | Academic levels based on CNAA levels 1-3 |
| Are different levels identified in the programme for theory and practice? | Academic levels: CNAA<br>Practice levels are divided into three stages as defined by increasing:<br>a. accountability;<br>b. responsibility for negotiating;<br>c. evaluatory scope and breadth of reference;<br>d. possibility of leading, teaching and delegating;<br>e. orientation of skills from self to other. |
| Are there explicit level descriptors for theory and practice? | There are several things going on:<br>a. There is a great emphasis on learning outcomes and although there are not general level statements, for the theory units the learning outcome statements specifically refer to the idea of level.<br>b. The distinction between degree and advanced diploma is mentioned elsewhere. For convenience the essence is repeated here: '*the graduates from the BSc ... course will be able to prepare research proposals and conduct an independent research project. Their ability to conceptualise and critically evaluate meaning in relation to clinical practice will have been developed throughout the third year of the degree. Hence their ability to solve problems will be based on a sound theoretical foundation. They should be able to participate fully in decision making, be articulate in debate and [be] able to base an argument on sound moral and ethical principles.* ***Curiosity, critical thinking and an ability to conceptualise and articulate an argument or debate lie at the base of graduate status***'.<br>c. The five types of core skills for clinical assessment are divided into three stages with increasing:<br>a. accountability;<br>b. responsibility for negotiating;<br>c. evaluatory scope and breadth of reference;<br>d. possibility of leading, teaching and delegating;<br>e. orientation of skills from self to other.<br>These constitute an implicit understanding of level, though the three levels are called 'stages'.<br>d. The Common Foundation Programme (18 months) is definitely perceived as constituting, in itself, a level (though one which cuts across the CNAA-type structure). '*The purpose of the CFP is to prepare students for entry into branch programmes; to provide an opportunity for students to explore and analyse the relevance of core subjects and their relevance to a variety of health care settings; to provide opportunities for students to observe and contribute to the care of a range of patients/clients in supervised practice and in particular, to develop and demonstrate observational, communication and caring skills.*'<br>e. Branch programmes vary in their reference to level. Only the description of the Adult branch is structured in terms of anything approaching level, and it turns out that, on analysis, the emphasis on certain content areas takes precedence over level, if level implies complexity or cumulative advance. |
| Is there a relationship between theory and practice levels? | Not explicitly, and the argument for a link would be tenuous. |
| Does progression through the course relate to identified academic levels? | Yes, but there is ambiguity between levels 1,2,3 (BSc) and 0,1,2 (advanced diploma) – where the same content is differently level-rated – and the CFP vs. Special Programmes (which would appear to constitute a rather clear dual-level structure). |

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|---|---|
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| **Date of validation:** | **1996** |

## Credit rating of practice

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|---|---|
| Is practice credit rated? | No – though half the units at each level – though college based – are described as practice-linked. This merely means, in practice, that they are 'applied' in content and student clinical experience can be drawn on. |
| Is it graded? | No |
| Does it attract equal credit with theory? | N/A |
| How is the amount of credit calculated? | N/A |
| In what ways is parity between the assessment of theory and practice addressed? | Parity is not referred to explicitly however, the importance of the inter-relationship between theory and practice is stressed throughout the documentation.<br><br>Theory and practice components both need to be passed to gain the award.<br><br>Integrated units encourage the integration of theory with practice. |

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## Assessment of practice

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| How is practice assessed? | a. 'Clinical appraisal' is the method of assessing practice development, together with a skills record. There is a 'Clinical practice assessment pack' which lists, under five headings, the learning outcomes which would be expected. The five headings are:<br><br>Care giving skills<br><br>Interpersonal and communication skills<br><br>Organisational skills<br><br>Professional development skills<br><br>Teaching and facilitation skills.<br><br>The learning outcomes are related to the levels of attainment mentioned under 'levels' above, viz: increasing:<br>a. accountability;<br>b. responsibility for negotiating;<br>c. evaluatory scope and breadth of reference;<br>d. possibility of leading, teaching and delegating;<br>e. orientation of skills from self to other.<br><br>b. A 'Portfolio Unit' at each level of the course(s) has a detailed specification which includes both a factual record of 'theoretical and clinical learning experiences' and reflective elements. Specific and detailed guidance for *structured reflection* is given. |
| Is it integrated with the assessment of theory? | This is the intention of the Portfolio Unit. Some of the 'theoretical' units refer explicitly to clinical experience. |
| Innovative approaches? | a. The explicitness with which the Portfolio Unit and its assessment is defined seems out-of-the-ordinary.<br><br>b. The requirements for clinical experience in terms of learning outcomes – though somewhat abstract (they seem to have to be able to apply to all Branches) – give some real guidance to assessors.<br><br>c. Special attention is given to the *preparation and monitoring of assessors of practice*. This includes involvement of practitioners and managers in curriculum design and clear information to assessors concerning the curriculum. 'Road shows' and a programme of continuing education will disseminate information about the course. There is a structure of clinical link tutors.<br><br>d. Summative assessment for the academic content of the programme includes innovative methods which would seem to allow more integration of theory and practice than usual. |

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## Other features of the programme

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| Existence in the same programme of advanced diploma and BSc<br><br>a. Meaning of 'graduate status' | Although there are minor variations in the structure of the courses, the real distinction between the advanced diploma and the degree is that elementary research capacity is a learning outcome for the BSc. '... *In addition the graduates from the BSc ... course will be able to prepare research proposals and conduct an independent research project. Their ability to conceptualise and critically evaluate meaning in relation to clinical practice will have been developed throughout the third year of the degree. Hence their ability to solve problems will be based on a sound theoretical foundation. They should be able to participate fully in decision making, be articulate in debate and [be] able to base argument on sound moral and ethical principles.* ***Curiosity, critical thinking and an ability to conceptualise and articulate an argument or debate lie at the base of graduate status***'.<br><br>What actually happens is that students undertake a unit in which they must produce a research proposal and later do a project. There is no indication that the project has to be empirical (though it might be). It seems as if there is 10 credits difference between BSc and advanced diploma status. |
| b. Levels and the two qualifications | There is a level '0' which applies to the advanced diploma only. It seems that the advanced diploma has precisely the same content as the BSc, but the units are given (n minus 1) level rating. The learning outcomes and assessment schemes usually differ accordingly. |

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ENB
QUALITY EDUCATION FOR QUALITY CARE

TWENTY-FIVE

JULY 1997

# research HIGHLIGHTS

# *The assessment of practice at diploma, degree and postgraduate levels in nursing and midwifery education: literature review and documentary analysis*

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## Abstract

**The Research Highlights present an overview of an exploratory study examining the assessment of practice at diploma, degree and postgraduate level. The project was divided into three stages. The first stage entailed undertaking a critical review of the literature addressing the assessment of theory and practice at different academic levels. The second stage comprised an analysis of curriculum documentation from a range of nursing and midwifery programmes of education which led to a diploma, a degree or a postgraduate award. The aim was to map the range of criteria used to discriminate between the assessment of practice at different academic levels. The final stage involved a series of in-depth interviews with educators involved in the design and delivery of programmes of nursing and midwifery education in order to provide insight into the issues that had influenced the particular approaches taken to the assessment of practice within the different programmes. The key findings from each of these stages are summarised below.**

## Findings

### *Literature review*

The aim of the literature review was to examine the theoretical perspectives and practical approaches taken to the assessment of practice at diploma, degree and postgraduate level in programmes of nursing and midwifery education. The review took account of a range of perspectives from higher education in general, and nurse education in particular, that exert an influence on the assessment of practice.

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In particular, the review was concerned with examining the level of conceptual and practice grasp that a student is expected to have at a particular stage of their education. The key issues arising from the review are summarised below.

- There is a lack of clarity in the definition of 'levels' in relation to programmes of nursing and midwifery education. Several overlapping frameworks were in evidence. This included an academic credit framework concerned with the outcome of a specific award (e.g. diploma or degree level) or with progression based on the different levels defined in a Credit Accumulation and Transfer Scheme (CATS). Normally, four levels were referred to. Levels 1, 2 and 3 referred to the standard normally expected of a full-time student undertaking respectively, the first, second or third year of a degree programme, and M level to the standard expected of a student completing a master's degree programme. Other frameworks included those based on professional models (e.g. Benner 1994) or educational models (e.g. Bloom 1956, Steinaker and Bell 1979) and a vocational competence framework based on an NVQ model.
- The lack of a clear definition of level descriptors in relation to progression towards, or in respect of the outcome of, an academic award would suggest inherent difficulties in discriminating between performance at different academic levels.
- The incorporation of nursing and midwifery education within an academic structure which includes credit accumulation and transfer, indicates not just the need to consider the assessment of practice at different academic levels, but also the credit-rating and grading of practice-based learning. However, there is little literature to date which addresses these issues.
- Inconsistencies in the use and interpretation of professional and educational frameworks to assess practice raise questions about their value in making clear distinctions between assessment at different academic levels in programmes of nursing and midwifery education.
- A number of different methods are used in the assessment of practice including direct observation of performance in practice, the use of learning portfolios providing written accounts of practice and skills laboratories where practice is assessed in a controlled environment. However there is, as yet, little evidence of the different approaches having been subject to systematic evaluation.

## *Documentary analysis*

The documentary analysis focused on pre-registration programmes of nursing and midwifery education at diploma and degree level, community nursing programmes at degree level and post-registration programmes which led to the ENB Higher Award together with a first degree or master's degree. A total of 48 curricula were included in the documentary analysis. The main aim of the analysis was to map the range of criteria used for discriminating between the assessment of practice at diploma, degree and postgraduate level, however, the analysis was extended to include a number of other factors which exert an influence on the assessment of practice, for example credit accumulation and transfer schemes and the grading and award of academic credits for the assessment of practice. The key findings which arise from this stage of the project are as follows.

- There was considerable variation in the criteria used to discriminate between the assessment of practice at different academic levels, both in relation to the academic status of a qualification (e.g. a diploma in nursing) and in relation to progression within an award (e.g. from level 2 to level 3 within a degree programme).
- In the majority of programmes different criteria, in the form of level descriptors, were identified for the assessment of theory and the assessment of practice. Academic level descriptors focused primarily on achievement in relation to intellectual abilities required of the academic award whereas practice level descriptors were concerned primarily with achievement of statutory competencies in practice. The attributes of both academic and practice levels descriptors were categorised into separate typologies (see table below), however, there was a degree of overlap between the two sets of criteria.

**Typologies of criteria used in academic and practice level descriptors**

| *Academic level descriptors* | *Practice level descriptors* |
|---|---|
| Technical knowledge | Experiential commitment |
| Cognitive processes | Professional competence/expertise |
| Personal autonomy | Personal and professional autonomy |
| Relationships with others | The role of the student |
| Reflective practice | |
| Application of knowledge to practice | |
| Development of professional competence | |



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- Both academic and practice level descriptors had some form of judgemental hierarchy in common. The use of multiple descriptors within a single academic level, e.g. level 2 or diploma level, highlighted the complexity of conceptualising progression within an academic framework.
- A number of programmes made reference to particular educational or professional frameworks in defining criteria to discriminate between different levels in the assessment of practice. Where reference was made to the work of Steinaker and Bell (1979) or Benner (1984) in developing a framework for defining different levels in the assessment of practice, the varied interpretation of the models together with lack of precision in defining concepts made comparisons between different sets of level descriptors difficult.
- An examination of level descriptors for pre- and post-registration programmes tentatively suggests that different interpretations may be placed on the standard of performance required for a particular level between students undertaking the different programmes which lead to the same academic award, e.g. a degree.
- The ENB assessment regulations require there to be parity in the assessment of theory and practice and for 'theory to be accredited within a programme on an equal basis' (ENB 1995). There were different interpretations of parity and equity in the assessment of theory and practice evident in the documentation. Parity could be viewed from two perspectives: qualitatively or quantitatively. In respect of the former, parity was reflected in the relationship between theory and practice evident in the curriculum and in the requirement that the student demonstrate competence in both theory and practice. In respect of the latter, although just under half of the programmes awarded some credits for practice, in the majority of these programmes the proportion of credits awarded was relatively small in comparison to those awarded for theory.
- There was considerable variation in the characteristics of CAT schemes, especially at pre-registration level. Inconsistencies in the different academic levels associated with progression within a particular award, the number of credits awarded at different levels, and the total number of credits required for an award, make the principles of credit accumulation and transfer across programmes and institutions difficult to achieve.
- Two discernible approaches to the assessment of practice were identified: practice was assessed by means of direct observation of the student's performance in practice and/or indirectly through written documentary evidence in the form of a portfolio or written coursework in which the student was required to relate theory to practice. Few programmes awarded a specific grade for the assessment of a student's direct performance in practice. In the majority of programmes practice was assessed on a pass/fail basis.

### *The educator's perspective*

In-depth interviews with educators were undertaken in order to gain insight into the contextual issues that had influenced the particular approaches taken to the assessment of practice. A total of 18 programmes at diploma, degree or master's level were examined. The following issues arose from the interviews.

- Educators acknowledged difficulty in differentiating clearly between diploma, degree and postgraduate level in respect of the assessment of practice.
- There were conflicting views of the extent to which the assessment of practice should contribute towards a degree classification. Concern was expressed regarding the grading of practice assessed by direct observation and in particular the difficulties of differentiating between the minimum standard of competence required for safe practice and practice of a higher standard.
- The use of learning portfolios to document different aspects of a student's experiences and performance in practice was widespread. However, concerns were expressed about the limitations of this approach particularly in respect of the higher order writing and reflective skills demanded of students, together with the time required to complete the portfolio.
- Several educators expressed concern about a shortfall in the number of appropriately qualified practice assessors to support students in a range of practice settings. This was felt particularly keenly in a number of pre-registration diploma and degree programmes of nursing and in programmes that led to the Higher Award where assessors did not hold an equivalent academic qualification to the students they

**Further information**

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were assessing. While educators felt reasonably confident that practice assessors were able to assess the students' ability to achieve the learning outcomes specified by the UKCC in order to achieve professional registration, they expressed doubt about practice assessors being able to differentiate between assessment at different academic levels, for example to differentiate between the performance of a diplomate or graduate nurse upon initial qualification.

- There was widespread recognition of the investment that was needed to prepare and support practice assessors and the resource intensive nature of this requirement.
- In a number of programmes academic staff experienced difficulty in providing appropriate levels of support to practice assessors and students on account of their commitment to formalised teaching in the university, the wide geographical spread of some practice placements and concerns about their own clinical credibility.
- In a number of universities lecturer practitioner posts had been developed and several different models were in evidence. Discussion of the benefits of the contribution lecturer practitioners might make to the assessment of practice, balanced with concerns regarding the role conflict experienced by some, suggests the need for further research into their role.
- University regulations exerted considerable influence on the approaches taken to the assessment of practice. Some universities were seen to be extremely flexible in accommodating new developments in the assessment of practice whereas others imposed severe restrictions on what might be achieved. A number of universities were seen not to support the award of academic credits for practice unless the assessment included written coursework.
- There was widespread recognition of the complexities of developing rigorous approaches to the assessment of practice at different academic levels and the constraints imposed by university requirements, the availability and expertise of practice assessors and the feasibility of academic staff assuming a more active role in the assessment of practice.
- The roles of moderation panels, external examiners and the Board of Examiners were recognised as important contributors to monitoring the validity and reliability of the assessment process but in a number of programmes their respective roles were yet to be fully developed.

## Project Details

This nine month research project, commissioned by the English National Board for Nursing, Midwifery and Health Visiting, was undertaken between February and October 1996. The study formed the first phase of a related major empirical study commissioned in 1997 and due to complete in 1999.

The report of the research is to be published in 1997 by the ENB in the Researching Professional Education Series. The report will be of particular interest to those involved in the development and delivery of pre- and post-registration programmes of nursing and midwifery education together with members of the wider academic community who have an interest in the assessment of work-based learning, academic levels and credit accumulation and transfer schemes.

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# RESEARCHING PROFESSIONAL EDUCATION

*A series from the English National Board for Nursing, Midwifery and Health Visiting*

# Levels of Achievement: a review of the assessment of practice

Kate Gerrish
Mike McManus
Peter Ashworth

This report, in the English National Board's series *Researching Professional Education*, has been published to make Board commissioned research readily available to policy makers, managers, practitioners, researchers and educationalists.

The research is based on a literature review, documentary analysis and series of in-depth interviews, and focuses on:

- the types of criteria used in the assessment of theory and the assessment of practice
- the criteria used to discriminate between the assessment of practice at different academic levels
- different interpretations of parity and equity in the assessment of theory and practice
- variations in the characteristics of CAT schemes
- the role of the lecturer-practitioner and practice assessor.

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